

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078339

1. Entity Name
TRADEWIND MECHANICAL PRODUCTS INC.



FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90127 020 ***150.00

Principal Place of Business
5374 JOHN REYNOLDS DR.
JACKSONVILLE FL 32277

Mailing Address
5374 JOHN REYNOLDS DR.
JACKSONVILLE FL 32277

2. Principal Place of Business
5374 JOHN REYNOLDS DR.
Suite, Apt. #, etc.

3. Mailing Address
5374 JOHN REYNOLDS DR.
Suite, Apt. #, etc.

City & State
JACKSONVILLE

City & State
JACKSONVILLE

4. FEI Number 59-3901442

Applied For
Not Applicable

Zip 32277 Country DUVAL

Zip 32277 Country DUVAL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RICHEY, RALPH J
5374 JOHN REYNOLDS DR.
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ralph J. Richey RALPH J. RICHEY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RICHEY, RALPH J
STREET ADDRESS 5374 JOHN REYNOLDS DR.
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME RICHEY, MIKE D
STREET ADDRESS 5374 JOHN REYNOLDS DR.
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME RICHEY, JULIE C
STREET ADDRESS 5374 JOHN REYNOLDS DR.
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph J. Richey RALPH J. RICHEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 904-744-0111

Date

Daytime Phone #

CR2E034 (10/02)