

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000078339**

1. Entity Name
TRADEWIND MECHANICAL PRODUCTS INC.



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

3. Mailing Address
5374 JOHN REYNOLDS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE

City & State
JACKSONVILLE

Zip
32277

Country
DUVAL

Zip
32277

Country
DUVAL

4. FEI Number
59-3901442

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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*

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
RICHEY, MIKE D
5374 JOHN REYNOLDS DR.
JACKSONVILLE FL 32277**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
RICHEY, JULIE C
5374 JOHN REYNOLDS DR.
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 904-744-0111

Date

Daytime Phone #



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)