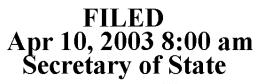
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P96000101470 DOCUMENT #



1. Entity Name EAST WIND LAND, INC.					04-10-2003 90182 021 ***150.00	
Principal Place of Business 1425 NW 2ND AVE DELRAY BEACH FL 33444 US		Mailing Add 1425 NW 2N DELRAY BE/				
2. Principal F	Place of Business	3. Mailing Ac	Idress			
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.	<u> </u>	CHECK HERE IF MAKING CHANGES	
City & Stat	e	City & Stat	City & State		4. FEI Number 65-0723263 , Applied For Not Applicable	
Zip	Country	untry Zip Cou		Country	5. Certificate of Status Desired	
	6. Name and Address of Curr	ent Registered Age	nt	<del></del>	7. Name and Address of New Registered Agent	
HIGGS TI	EDDE! I V		<u>.</u>	Name	•	
HIGGS, TERRELL K				Street Address	s (P.O. Box Number is Not Acceptable)	
1425 NW 2ND AVE DELRAY BEACH FL 33444					······································	
DELINAT BEAUTI PL 33444						
				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						
	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Reg	gistered Agent signature requir	red 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 \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS A	ND DIRECTORS	T	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIGGS, HOLLIE S 1425 NW 2ND AVE DELRAY BEACH FL 33444	C	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADERESS CITY-ST-ZIP	VP HIGGS, MARCIA 1110 SW 2ND ST BOCA RATON FL 33486		] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HIGGS, TERRELL K 1425 NW 2ND AVE DELRAY BEACH FL 33444		Delete	TITLE  NAME  STREET ADDRESS =	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGS, BRIAN K. 1110 SW 2ND ST BOCA RATON FL 33486		Delete	NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C	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: