

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91473 001 ***150.00

DOCUMENT # P97000013453

1. Entity Name

TRADEWINDS OVERSEAS, INC.



Principal Place of Business

**BANANA BAY CLUB
8254 MIDNIGHT PASS RD
SARASOTA FL 34242
US**

Mailing Address

**BANANA BAY CLUB
8254 MIDNIGHT PASS RD
SARASOTA FL 34242
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHEN, MEYLAN
8254 MIDNIGHT PASS ROAD
SIESTA KEY
SARASOTA FL 34242**

Name

LINDA MEYLAN

Street Address (P.O. Box Number is Not Acceptable)

8254 MIDNIGHT PASS ROAD

SIESTA KEY

City

SARASOTA

FL

Zip Code

34242

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

Linda Meylan

President

4-25-03

Signature, typed or printed name of registered agent and title (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** ☒ Delete
NAME **MEYLAN, STEPHEN**
STREET ADDRESS **6704 TAEDA DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **P/S** ☒ Change ☐ Addition
NAME **MEYLAN, LINDA**
STREET ADDRESS **8254 MIDNIGHT PASS ROAD**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **S** ☐ Delete
NAME **MEYLAN, LINDA**
STREET ADDRESS **6704 TAEDA DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **D** ☐ Change ☒ Addition
NAME **AUDREY EDWARDS**
STREET ADDRESS **8254 MIDNIGHT PASS ROAD**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Linda Meylan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

941-346-0113

Date

Daytime Phone #

CR2E034 (10/02)