

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000015368**1. Entity Name  
WINDWARD TECHNOLOGIES, INC.Principal Place of Business  
1253 HIGHWAY A1A  
SATELLITE BEACH FL 32937  
USMailing Address  
1253 HIGHWAY A1A  
SATELLITE BEACH FL 32937  
US2. Principal Place of Business  
1170 HIGHWAY A1A3. Mailing Address  
1170 HIGHWAY A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SATELLITE BEACH FLCity & State  
SATELLITE BEACH FL4. FEI Number  
59-3432582Applied For  
Not ApplicableZip Country  
32937 USZip Country  
32937 US5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

MCCABE RAPHAELA  
128 WINDWARD WAYINDIAN HARBOUR BEACH FL  
32937

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.

SIGNATURE \_\_\_\_\_ 09/05/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MCCABE RAPHAELA  
STREET ADDRESS 128 WINDWARD WAY  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937TITLE ☐ Change ☐ Addition  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Raphaela McCabe**

Pres 09/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)