

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
 03-21-2001 90069 009 ***150.00

DOCUMENT # P97000017458

1. Entity Name

TRADE WIND BUILDERS, INC.

Principal Place of Business

150 COVE LOOP
 MERRITT ISLAND FL 32920

Mailing Address

P O BOX 647
 B-403
 CAPE CANAVERAL FL 32920-647
 US

2. Principal Place of Business

950 N. Courtenay PKWY

Suite, Apt. #, etc.

Suite 11

City & State

Merritt Island, FL

Zip

32953

Country

Brevard

3. Mailing Address

950 N. Courtenay PKWY

Suite, Apt. #, etc.

Suite 11

City & State

Merritt Island, FL

Zip

32953

Country

Brevard



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3431731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOSIER, GEORGE M JR
 8700 RIDGEWOOD AVENUE
 B-403
 CAPE CANAVERAL FL 32920

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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

TITLE DP
 NAME MOSIER, GEORGE M
 STREET ADDRESS 8700 RIDGEWOOD AVENUE, B-403
 CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete

TITLE V
 NAME WIGGLESWORTH, JENNIFER
 STREET ADDRESS 217 CHERIE DOWN LANE
 CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete

TITLE S
 NAME COTNER, DAVID
 STREET ADDRESS 3765 SAVANNAHS TRAIL
 CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/01

CR2E034 (10/00)