

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90153 007 ***150.00

DOCUMENT # P97000017458

1. Entity Name
TRADE WIND BUILDERS, INC.



Principal Place of Business
950 N COURTENAY PWY
STE 11
MERRITT ISLAND FL 32953

Mailing Address
950 N COURTENAY PWY
STE 11
MERRITT ISLAND FL 32953
US

2. Principal Place of Business

285 McLeod St.
Suite, Apt. #, etc.

3. Mailing Address

285 McLeod St.
Suite, Apt. #, etc.

City & State
Merritt Island FL
Zip
32953
Country
US

City & State
Merritt Island FL
Zip
32953
Country
US

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *David Cotner* **4/3/03 321452-779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)