

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000039584**

1. Entity Name

WINDWALKER, INC.**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90451 016 ***158.75

Principal Place of Business

**7257 NW 4TH BOULEVARD
PMB 167
GAINESVILLE FL 32607**

Mailing Address

**P.O. DRAWER AY
BECKLEY WV 25801**

UUU4J0JJ

2. Principal Place of Business

3. Mailing Address

P.O. Box 2594

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Beckley**WV**

4. FEI Number

31-1526276

Applied For

Not Applicable

Zip

Country

Zip

Country

25802-2594**USA**

5. 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

**DECHOW, GERALD A
3400 SOUTH TAMiami TRAIL, SUITE 301
SARASOTA FL 34239**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GLENN, SHERRY J	
STREET ADDRESS	P.O. BOX 13606	
CITY-ST-ZIP	ROANOKE VA 24035-3606	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PHILLIPS, JOSEPH C	
STREET ADDRESS	7257 NW 4TH BLVD., PMB 167	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HOLCOMB, DONALD R	
STREET ADDRESS	P.O. BOX 455	
CITY-ST-ZIP	BECKLEY WV 25801	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HILL, DAVID M	
STREET ADDRESS	625 N. EISENHOWER DR.	
CITY-ST-ZIP	BECKLEY WV 25801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Anthony C. Phillips	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 2594	
STREET ADDRESS	Beckley WV 25802-2594	V
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Hill**Sec/Treas 4/13/01**

Date

304-255-9030

Daytime Phone #

CR2E034 (10/00)