

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90119 038 \*\*\*150.00

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**DOCUMENT # P97000080826**

1. Entity Name  
**WARM STEADY WIND, INC.**



Principal Place of Business  
**953 NE INDUSTRIAL BLVD  
JENSEN BEACH FL 34957**

Mailing Address  
**POST OFFICE BOPX 2096  
JENSEN BEACH FL 34958-2096**



2. Principal Place of Business  
**920 N.E. INDUSTRIAL BLVD.**  
Suite, Apt. #, etc.  
**UNIT # 6**

3. Mailing Address  
**PO BOX 411**  
Suite, Apt. #, etc.

City & State  
**JENSEN BEACH, FL**

City & State  
**JENSEN BEACH, FL**

Zip Country  
**34957 U.S.**

Zip Country  
**34958 U.S.**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SEYMOUR, FRANK  
953 NE INDUSTRIAL BLVD  
JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

Name: **FRANK SEYMOUR**

Street Address (P.O. Box Number is Not Acceptable)  
**920 N.E. INDUSTRIAL BLVD.**

**UNIT # 6**

City **JENSEN BEACH** FL Zip Code **34957**

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 **Frank E. Seymour** **FRANK E. SEYMOUR PRES.** DATE **04-21-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SEYMOUR, FRANK E 953 NE INDUSTRIAL BLVD JENSEN BEACH FL 34957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SEYMOUR, FRANK E. 920 N.E. INDUSTRIAL BLVD UNIT 6 JENSEN BEACH, FL 34957</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **FRANK E. SEYMOUR** DATE: **4-21-03** DAYTIME PHONE #: **902-225-7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)