

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090642

1. Entity Name

FAIRWINDS TECHNICAL SERVICES, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90393 040 ***150.00

Principal Place of Business

Mailing Address

14507 PLUMOSA DRIVE
JACKSONVILLE FL 32250

P.O. BOX 50910
JACKSONVILLE FL 32240-0910

2. Principal Place of Business

3. Mailing Address

65 Lewis Blvd.

Suite, Apt. #, etc.

DYSKER Creek

City & State

St. Augustine FL

City & State

Zip

32084

Country

St. Johns

Zip

Country

4. FEI Number

59-3477465

Applied For

Not Applicable

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

COLTART, GARY R
14507 PLUMOSA DR
JACKSONVILLE FL 32250

Name

COLTART, GARY R

Street Address (P.O. Box Number is Not Acceptable)

2567 S. Ponte Vedra Blvd

City

S. Ponte Vedra Beach FL

Zip Code

32082

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS COLTART, GARY R
CITY-ST-ZIP 14507 PLUMOSA DRIVE
JACKSONVILLE FL 32250

TITLE ☐ Delete
NAME D
STREET ADDRESS KNEELAND, PHILIP R
CITY-ST-ZIP 727 SPRING FOREST COURT
APOPKA FL 32712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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

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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

GARY R. COLTART 4/21/00 (904) 223-7405