

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90058 049 ***150.00

DOCUMENT # P97000090642

1. Entity Name

FAIRWINDS TECHNICAL SERVICES, INC.

Principal Place of Business

UNIT 304

155 MARINE ST.

SAINT AUGUSTINE FL 32084

Mailing Address

P.O. BOX 9008

ST AUGUSTINE FL 32085



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5 WILLARD Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

6. Name and Address of Current Registered Agent

COLTART, GARY R

2567 S PONTE VEDRA BLVD

S PONTE VEDRA BEACH FL 32082

4. FEI Number

59-3477465

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

Name **COLTART, GARY R.**

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

UNIT 304**155 MARINE, ST.**

City

ST. Augustine

FL

Zip Code

32084

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

GARY R. COLTART (President)**Gary R. Coltart****1/31/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **COLTART, GARY R**
STREET ADDRESS **UNIT 304 155 MARINE ST.**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**TITLE **D** ☐ Delete
NAME **KNEELAND, PHILIP R**
STREET ADDRESS **727 SPRING FOREST COURT**
CITY-ST-ZIP **APOPKA FL 32712**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **GARY R. COLTART**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/02

Daytime Phone #

904-825-2729

CR2E034 (9/01)