

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-07-2003 90041 037 ***150.00

UNIFORM
AV

DOCUMENT # P97000090642

1. Entity Name

FAIRWINDS TECHNICAL SERVICES, INC.



Principal Place of Business

5 WILLARD DR

#527

SAINT AUGUSTINE FL 32086

Mailing Address

P.O. BOX 9008

ST AUGUSTINE FL 32085

22004564



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#529

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3477465

Applied For

Not Applicable

Zip

Country

Zip

Country

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

155 MARINE ST

UNIT 304

SAINT AUGUSTINE FL 32084

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

GARY R. COLTART

[Signature]

1/9/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
COLTART, GARY R
UNIT 304 155 MARINE ST.
SAINT AUGUSTINE FL 32084

☐ Delete

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

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

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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:

GARY R. COLTART

1/9/03

904 825-2729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

State

Daytime Phone #

CR2E034 (10/02)