

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108964

1. Entity Name
WINDFALL VENTURES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90126 020 ***150.00

Principal Place of Business
4021 GULF SHORE BLVD., #1803
NAPLES FL 34103

Mailing Address
P O BOX 385
HANOVER MN 34103-2237
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
256 cheshire way

3. Mailing Address
256 cheshire way

City & State
Naples, FL

City & State
Naples, FL

Zip
34110

Country
USA

Zip
34110

Country
USA

4. FEI Number 86-0816907

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D LAFAY, CATHERINE 4021 GULF SHORE BLVD., #1803 NAPLES FL 34103</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D Wright, Catherine 256 cheshire way Naples, FL 34110</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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: Catherine A. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 941-596-7803
Date Daytime Phone #

CR2E034 (9/99)