2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000019982

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000019982 1. Entity Name STARWIND ENTERPRISES, INC.						FILED					
						May 05, 2000 8:00 am Secretary of State					
							05-05-2000	90012 041	. ***150	.00	
Principal Place of Business			Mailing Address								
15 WISTERIA DRIVE DRMOND BEACH FL 32176			45 WISTERIA DRIVE ORMOND BEACH FL 32117-2703						•		
						1 (42)(42)			 	1	
2. Principal Place of Business 211 12 5 Strut			3. Mailing Address 211 12 Street								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Ì	DO NOT WRI	ITE IN THIS SP	ACE		
City & State Howy Here, FL			City & State How FC		4.	FEI Numb	er 59-350098	4		plied For t Applicable	
Zip 32117-	- 2703	Country Optusia	32117-2703	Country	5.	Certificate	of Status Desired		8.75 Add		
20111		and Address of Current R	egistered Agent				Address of New F	Registered Ag	ent		
HENDERSON, BRUCE D 45 WISTERIA DR.					Rnce D	Street	er is Not Acceptable	e)			
ORM	OND BCH. I	FL 33134		City H	buy H	الل	-	FL	Zin Cod	17-2763	
SIGNATURE	Signature, typed	A La primite d'ingistèred agent ar		NERLON, V	•P• ure required when	! :	(D .		12000		
 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 Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11.		OFFICERS AND D	DIRECTORS	12.	Al	DDITIONS	CHANGES TO OF				
TITLE NAME STREET ADDRESS	PTD			NAME STREET ADDRESS		Change Addition					
CITY-ST-ZIP	ORMOND I	BEACH FL 32176	☐ Delete	CITY-ST-ZIP	Houry	Hou	, FL 3211		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HENDERSO 45 WISTER		Delete	NAME STREET ADDRESS CITY-ST-ZIP	211 1	243 SH	ut L1FL-32		Onlings		
TITLE	-UNIVIONU.	BEACH FL 32176	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	·			NAME STREET ADDRESS CITY-ST-ZIP			r				
TITLE NAME STREET ADORESS			☐ Delete	TITLE NAME STREET ADDRESS		_			Change	☐ Addition	
CITY-ST-ZIP	<u></u>			CITY-ST-ZIP			<u> </u>				
TITLE NAME STREET ADDRESS			☐ Delete	NAME STREET ADDRESS			! : :		☐ Change	☐ Addition {	
CITY-ST-ZIP TITLE NAME	f ,	1000	☐ Delete	CITY-ST-ZIP TITLE NAME					Change	Addition	

13. I hereby certify that the information supplied with this filling 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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

904-257-9091