

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90170 002 ***400.00
07-03-2003 90170 001 ***150.00

0605105 AV

DOCUMENT # P98000086157

1. Entity Name
SOUTHWINDS MANAGEMENT, INC.



Principal Place of Business
**9500 SOUTH OCEAN DR.
SUITE 2004
JENSEN BEACH FL 34957**

Mailing Address
**9500 SOUTH OCEAN DR.
SUITE 2004
JENSEN BEACH FL 34957**

55050511



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0852914**

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

**HUESTER, WANDA L
9500 SOUTH OCEAN DR, #2004
JENSEN BEACH FL 34957**

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 _____
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 ☐ Delete
NAME **D HUESTER, BRUCE W**
STREET ADDRESS **9500 SOUTH OCEAN DR, #2004**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE ☐ Delete
NAME **D HUESTER, WANDA L**
STREET ADDRESS **9500 SOUTH OCEAN DR, #2004**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

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 title empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4 2003 772-485-9090
Date Daytime Phone #

CR2E034 (10/02)

Attachment

55050511

#P98U00086157

SOUTHWINDS MANAGEMENT, INC.

9500 S. Ocean Drive, #2004

Jensen Beach, FL 34957

(772) 229-7770

June 4, 2003

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Representative:

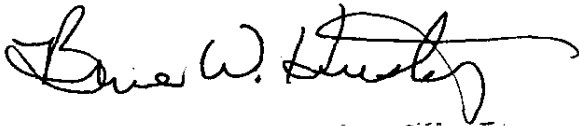
Enclosed is the completed Uniform Business Report (UBR) for Year 2003, along with a check in the amount of \$150.00.

After a careful review of my records, I discovered that this filing was due on May 1, 2003. Due to my extensive out-of-country business travel during the months of April and May, this form was placed pending for the month of June.

At this time, I am respectfully requesting that consideration be given to waive or discount the fees regarding this error.

Thank you for your time and assistance on the above matter.

Sincerely,



Bruce W. Huester
President

Enclosures