

**2001 UNIFORM BUSINESS REPORT-(UBR)**

4/30

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90090 006 \*\*\*150.00

**DOCUMENT # P98000105619**  
 1. Entity Name  
**DAKOTA WINDS, INC.**

Principal Place of Business 2000 N. FLORIDA MANGO ROAD, SUITE 200 WEST PALM BEACH FL 33409	Mailing Address 2000 N. FLORIDA MANGO ROAD, SUITE 200 WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3540 Forest Hill Blvd Suite, Apt. #, etc. #203 City & State West Palm Beach FL Zip 33406 Country USA	3. Mailing Address 3540 Forest Hill Blvd Suite, Apt. #, etc. #203 City & State West Palm Beach FL Zip 33406 Country USA
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4. FEI Number 65-0889192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GIORDANO, JOHN N**  
**220 SOUTH FRANKLIN STREET**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 Name: **Deborah A. Dentry**  
 Street Address (P.O. Box Number is Not Acceptable):  
**3540 Forest Hill Blvd**  
**#203**  
 City: **West Palm Beach FL** Zip Code: **33406**

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: Deborah A. Dentry **Deborah A. Dentry** DATE: **5/18/01**  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent's signature required when reinstating.)

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HEATON, LINN D</b> <b>215 5TH ST, #108</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HEATON, LEE W</b> <b>215 5TH ST, #108</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3540 Forest Hill Blvd #203</b> <b>West Palm Beach FL 33406</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3540 Forest Hill Blvd, #203</b> <b>West Palm Beach FL 33406</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP, Secy Treas</b> <b>Deborah A. Dentry</b> <b>3540 Forest Hill Blvd #203</b> <b>West Palm Beach FL 33406</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Deborah A. Dentry **Deborah A. Dentry** DATE: **4/25/01** DAYTIME PHONE #: **561.433.4810**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)