04/22/2003 10:45 3052482758 PIERCE BOWEN

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90282 026 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032514

1. Entity Name
WINDMILL ENTERPRISE, INC.

90105973

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~100 ANCHOR DRIVE, #466~~	~~100 ANCHOR DRIVE, #466~~
Suite, Apt. #, etc. 24 Dockside LN #466	Suite, Apt. #, etc. 24 Dockside LN #466
City & State KEY LARGO, FL	City & State KEY LARGO, FL
Zip 33037 Country USA	Zip 33037 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0917830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name FREY, FREDERICK R.
Street Address (P.O. Box Number is Not Acceptable) ~~8 HARBOR ISLAND DRIVE~~
19 South Bridge Lane
City KEY LARGO, FL Zip Code 33037

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

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D
NAME	FREY, FREDERICK R.
STREET ADDRESS	~~8 HARBOR ISLAND DRIVE~~
CITY-ST-ZIP	~~KEY LARGO, FL 33037~~
TITLE	
NAME	
STREET ADDRESS	19 South Bridge Lane
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 4/22/03 305 367-3303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #