

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90935 024 ***150.00

DOCUMENT # P99000032898

1. Entity Name

WIND CANYON BOOKS, INC.

Principal Place of Business

**815 ST. PIERRE COVE
 NICEVILLE FL 32578**

Mailing Address

**POST OFFICE BOX 1445
 NICEVILLE FL 32588-1445**

2. Principal Place of Business

665 S. WESTERN AVE.

3. Mailing Address

P.O. Box 511

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRAWLEY CA

City & State

BRAWLEY, CA

4. FEI Number

59-3591925

Applied For

Not Applicable

Zip

92227

Country

US

Zip

92227

Country

US

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

~~JAQUITH, GEORGE~~

**815 ST. PIERRE COVE
 NICEVILLE FL 32578**

Name

BECKY JAQUITH

Street Address (P.O. Box Number is Not Acceptable)

815 ST. PIERRE COVE

City

NICEVILLE

FL

Zip Code

32571

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

Becky Jaquith *Becky Jaquith*

4/26/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **JAQUITH, GEORGE**
 STREET ADDRESS **815 ST. PIERRE COVE**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☒ Change ☐ Addition
 NAME **BECKY JAQUITH**
 STREET ADDRESS **665 S. WESTERN AVENUE**
 CITY-ST-ZIP **BRAWLEY, CA 92227**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

George Jaquith **GEORGE JAQUITH**

Date

4-26-01 760344-5545

Daytime Phone #

CR2E034 (10/00)