

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000079496

1. Entity Name

IN THE WIND CLOTHING & COLLECTIBLES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-24-2000 90118 050 ***150.00

Principal Place of Business Mailing Address
925 8TH AVE., SOUTH 925 8TH AVE., SOUTH
NAPLES FL 34102 NAPLES FL 34102-6965

2. Principal Place of Business 3. Mailing Address
643 5th AVE. S. 1355 10th St. N.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Naples, FL Naples, FL
Zip Country Zip Country
34102 U.S.A. 34102 U.S.A.

4. FEI Number Applied For
59-3598053 Not Applicable

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
BUSINESS FILINGS INCORPORATED
1 EAST BROWARD BLVD., SUITE 700
FT LAUDERDALE FL 33301
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.

SIGNATURE

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, 2000 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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DAVID G		NAME		
STREET ADDRESS	925 8TH AVE. S.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESALFI, MICHAEL J		NAME		
STREET ADDRESS	14506 ASCOT SQUARE CT.		STREET ADDRESS		
CITY-ST-ZIP	BOYDS MD 20841		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JEFFERY A		NAME		
STREET ADDRESS	184 PITTSBURGH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	WILKE-BARRE PA 18702		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

Daytime Phone #

CR2E034 (9/99)