## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 26, 2002 8:00 am **DOCUMENT # Secretary of State** P99000092572 1. Entity Name 02-26-2002 90102 043 \*\*\*150.00 WIND QUEST LUXURY SAILING ADVENTURES, INC. Principal Place of Business Mailing Address 5000 BURNT STORE ROAD 15510 BURNT STORE ROAD BURNT STORE MARINA P BOOR DOCK PUNTA GORDA FL 33955 PUNTA GORDA FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0955335 Not Applicable Zip Zip \_\_\_ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AHLBRAND, BRUCE A Street Address (P.O. Box Number is Not Acceptable) 141 PECKHAM ST. SE PORT CHARLOTTE FL 33952 City Zip Code FL 🖏 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE **PSTD** ☐ Delete TITLE ☐ Addition NAME NAME AHLBRAND, BRUCE A STREET ADDRESS 141 PECKHAM ST. SE STREET ADDRESS **PORT CHARLOTTE FL 33952** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Detete TITLE 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 explore this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

RIBAUCE A. AHLBRAND 2/4/02 SIGNATURE:

changed, or on an attachment with