2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000094712 Feb 29, 2000 8:00 am **Secretary of State** WINDWARD REAL ESTATE, INC. 02-29-2000 90014 001 ***450.00 Mailing Address Principal Place of Business 5402 BEAUMONT CENTER BLVD. 5402 BEAUMONT CENTER BLVD. TAMPA FL 33634-5202 TAMPA FL 33634 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 108 08 Applied For City & State 4. FEI Number City & State 59-3605019 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nader David NADER, DAVID A Street Address (P.O. Box Number is Not Acceptable) 18101 HERON WALK DRIVE Suite 108, 5402 feaumont Center Blvd. TAMPA FL 33647 Zip Code Tampa 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. President ☐ Delete TITLE TITLE Nader, David A NAME NAME suite 108, 5402 Beaumont Center Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Tampa ☐ Change Secretary ☐ Delete TITLE TITLE HORNE, Thomas C. NAME NAME Suite 108, 5402 Beaumont Center Blvd. Tampa, FL 33634 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Treasureir ☐ Delete TITLE TITLE MILLER EDWIN G. NAME NAME Suite 108, 5402 Beaumont Centr Blvd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3363L CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 theowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CR2E034

1/00 (813) 885-774 Date Define Phone *

SIGNATURE AND THAT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: