

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90031 031 \*\*\*150.00

**DOCUMENT # S80601**

1. Entity Name

**SUMMERWIND LIMITED, INC.**

Principal Place of Business

**404 N. MIRAMAR AVENUE  
INDIALANTIC FL 32903**

Mailing Address

**404 N. MIRAMAR AVENUE  
INDIALANTIC FL 32903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3088885**

Applied For

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

**DAVIDS, TIMOTHY J.  
404 N. MIRAMAR AVENUE  
INDIALANTIC FL 32903**

Name

**D. Michael Derrick**

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

**404 N. Miramar Ave**

City

**Indialantic****FL**

Zip Code

**32903**

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, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
DPT	DAVIDS, TIMOTHY J.	404 N. MIRAMAR AVENUE	INDIALANTIC FL	<input checked="" type="checkbox"/>	DPT	D. Michael Derrick	404 N. Miramar Ave, Indialantic FL	32903	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	DERRICK, MICHAEL D	200 3RD AVE C	MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/>	VP	Charles Baird	111 River Rd	Melbourne Beach, FL 32951	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	CASTO, TERRENCE L.	461 MOSSWOOD BLVD.	INDIALANTIC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**D. Michael Derrick**

Date

**01/26/01**

Daytime Phone #

**321-723-5611**

CR2E034 (10/00)