

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90170 003 ***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

1901 S. Harbor City Blvd.

3. Mailing Address

1901 S. Harbor City Blvd.

Suite, Apt. #, etc.

600

Suite, Apt. #, etc.

600

City & State

Melbourne FL

City & State

Melbourne FL

Zip

32901

Country

U.S.A.

Zip

32901

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

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

**DERRICK, D. MICHAEL
404 N. MIRAMAR AVENUE
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

**Derrick D. Michael
1901 S. Harbor City Blvd. #600**

Melbourne

FL

Zip Code **32901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

D. MICHAEL DERRICK

1/31/03

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
DERRICK, D. MICHAEL
404 N MIRAMAR AVE
INDIALANTIC FL 32903** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
Derrick D. Michael
1901 S. Harbor City Blvd #600
Melbourne FL 32901** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BAIND, CHARLES
111 RIVER RD.
MELBOURNE BEACH FL 32951** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CASTO, TERENCE L.
461 MOSSWOOD BLVD.
INDIALANTIC FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

D. MICHAEL DERRICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

321-788-1999

DATE

Daytime Phone #

CR2E034 (10/02)