

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90056 015 \*\*\*150.00

**DOCUMENT # S88008**

1. Entity Name  
**WINDY BUSH CORPORATION**



Principal Place of Business  
**46 N. WASHINGTON BLVD.  
#1  
SARASOTA FL 34236**

Mailing Address  
**46 N. WASHINGTON BLVD.  
#1  
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1968402**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, JOHN  
46 NORTH WASHINGTON BLVD.  
#1  
SARASOTA FL 34236**

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

SIGNATURE \_\_\_\_\_ (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	<b>DP BYRON, JOHN T. 523 LEESVILLE RD. LYNCHBURG VA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST BYRON, KATHY 523 LEESVILLE RD. LYNCHBURG VA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-800-237-7799**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

**Windy Bush Corporation**

523 Leesville Rd.  
Lynchburg, Virginia 24502

90133907

588008

May 8, 2003

Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

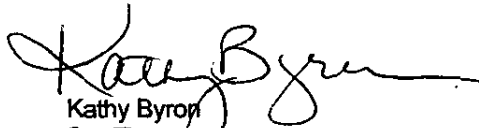
Dear Sir or Madam:

It is with extreme regret to discover this report was overlooked for filing. We were reviewing business related issues to determine whether the corporation should be dissolved this year. Unfortunately, in that process the paperwork and decision to keep the corporation active was just recently made.

Like many businesses, it has been an extremely tough financial year. I am pleased that we are going to continue to strive to keep the business active and profitable. This is the first time our corporation has overlooked this important filing.

Thank you for your time and consideration.

Sincerely,



Kathy Byron  
Sec/Treasurer