

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90119 036 ***150.00

0019023 AV

DOCUMENT # V06186

1. Entity Name
TRADEWIND EQUITIES, INC.

Principal Place of Business
~~632 VERMONT AVE.~~
~~DAYTONA BEACH FL 32118-4240~~
~~US~~

Mailing Address
~~632 VERMONT AVE.~~
~~DAYTONA BEACH FL 32118-4240~~
~~US~~



2. Principal Place of Business
565 SOUTH A1A
 Suite, Apt. #, etc.

3. Mailing Address
202 B NORTH SHORE DR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH, FL
 Zip
32176
 Country
USA

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ORMOND BEACH
 Zip
32176
 Country
USA

4. FEI Number
59-3111379

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EVERETT, GEORGE
~~632 VERMONT AVE.~~
~~DAYTONA BEACH FL 32118-4540~~

7. Name and Address of New Registered Agent

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.

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, 2002 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

TITLE
D
 NAME
EVERETT, GEORGE
 STREET ADDRESS
212 N. PARK AVE., #11
 CITY-ST-ZIP
SAFORD FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 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 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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)