

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42741

1. Entity Name

LEEWARD TIME, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90031 006 ***158.75

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|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business 26A BEAL PKWY NW STE AA1 FT WALTON BCH FL 32548 US | Mailing Address PO BOX 2435 FT WALTON BCH FL 32549-2435 US |
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|---------------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business 91A BEAL PKWY NE Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|----------------------------------|---------------|
| City & State FT. WALTON BEACH | City & State |
| Zip 32548 | Country US |

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|----------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 25-1506813 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

| | |
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| 6. Name and Address of Current Registered Agent GERCAK, RICHARD E. 104 MIRACLE STRIP PARKWAY, SW FT. WALTON BEACH FL 32548 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT GERCAK, RICHARD E 104 MIRACLE STRIP PKWY, SW FT. WALTON BCH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS GERCAK, KAREN LEE 104 MIRACLE STRIP PKWY, SW FT. WALTON BCH FL <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: KAREN L. GERCAK 04/17/00 850-243-2738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)