2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # V53601** 1. Entity Name WINDSOFT INTERNATIONAL, INC. 02-05-2000 90010 047 ***150.00 Principal Place of Business Mailing Address 7130 S ORANGE BLOSSOM TRAIL PO BOX 590006 ORLANDO FL 32859-0006 **STE 147** ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3133804 Not A \$8.75 Additional Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOOPER, VAN B., III Street Address (P.O. Box Number is Not Acceptable) 7130 S ORANGE BLOSSOM TRAIL **STE 147** ORLANDO FL 32809 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE ☐ Delete HOOPER, VAN B., III NAME STREET ADDRESS BOX 590006 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete Change TITLE NAME ROZALIA DEBONDE NAME 2813 FORMOSA BLID STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Kissimmes FL 34747 TITLE Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 1 4 3 3 7 7 TITLE ☐ Delete TITLE

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 changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME . STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-14-00

407-240-2300

Daytime Phone #

Change

□