2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90300 008 ***150.00

149145

DO NOT WRITE IN THIS SPACE

DOCUMENT # V53601

1. Entity Name
WINDSOFT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7130 S ORANGE BLOSSOM TRAIL STE ~~147~~ 123 ORLANDO FL 32809 US	PO BOX ~~590006~~ 692005 ORLANDO FL ~~32859~~ 32869 US

2. Principal Place of Business		3. Mailing Address	
		PO Box 692005	
Suite, Apt. #, etc. 123		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip 32869	Country

4. FEI Number 59-3133804 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOOPER, VAN B., III 7130 S ORANGE BLOSSOM TRAIL STE 147 ORLANDO FL 32809	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] 4-17-01
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOPER, VAN B., III ~~BOX 590006 N/A~~ ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POB 692005	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ~~DOBOARDS, ROZABIN~~ Rozalia Deborde ~~2813 FORMOSA BLVD~~ ~~KISSIMMEE FL 34747~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deborde, Rozalia 10424 Sparkle Lane Orlando, FL 32869	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-17-01 407-240-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone #

CR2E034 (10/00)