

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90445 023 ***150.00

DOCUMENT # P00000112858

1. Entity Name
EXPRESS WINGS OF PINELLAS, INC.

Principal Place of Business 222 OCEANFRONT BLVD JACKSONVILLE FL 32250	Mailing Address 222 OCEANFRONT BLVD JACKSONVILLE FL 32250
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UUU43070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 820 Shelter Ave Suite, Apt. #, etc.	3. Mailing Address 820 Shelter Ave Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32250	Country
Zip 32250	Country

4. FEI Number 59-3685717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOSCHNICK, CLIFFORD 222 OCEANFRONT BLVD JACKSONVILLE FL 32250	7. Name and Address of New Registered Agent Name Clifford Koschnick Street Address (P.O. Box Number is Not Acceptable) 820 Shelter Ave City Jacksonville FL Zip Code 32250
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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 *Cliff Koschnick* DATE 4/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$350.00 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 D	<input checked="" type="checkbox"/> Delete KOSCHNICK, CLIFFORD 222 OCEANFRONT BLVD JACKSONVILLE FL 32250	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete Charlie Yates 820 Shelter Ave Jacksonville, FL 32250	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete Clifford Koschnick 820 Shelter Ave Jacksonville, FL 32250	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cliff Koschnick* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)