

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90041 038 ***150.00

0034700 AV

DOCUMENT # P00000112858
 1. Entity Name
EXPRESS WINGS OF PINELLAS, INC.

Principal Place of Business 820 SHELTER AVE. JACKSONVILLE FL 32250	Mailing Address 820 SHELTER AVE. JACKSONVILLE FL 32250
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2. Principal Place of Business 2710 Golf to Bay Blvd	3. Mailing Address 2710 Golf to Bay Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Clearwater, FL	City & State Clearwater, FL
Zip FL 33759	Country Pinellas, USA
Zip 33759	Country Pinellas, USA

4. FEI Number 59-3685747	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
820 SHELTER AVE.
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name: **Joseph Rybak**
 Street Address (P.O. Box Number is Not Acceptable): **2710 Golf to Bay Blvd**
 City: **Clearwater** FL Zip Code: **33759**

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: *Joseph Rybak* DATE: **4/22/02**

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. (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 NAME STREET ADDRESS CITY-ST-ZIP	D KASCHNICK, CLIFFORD 820 SHELTER AVE. JACKSONVILLE BEACH FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, CHARLIE 820 SHELTER AVE. JACKSONVILLE BEACH FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Rybak - Pres. 2710 Golf to Bay Blvd Clearwater, FL 33759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Karen Rybak 2710 Golf to Bay Blvd Clearwater, FL 33759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Joseph Rybak* **JOSEPH RYBAK** DATE: **4/22/02** DAYTIME PHONE: **727 791 0717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)