

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90513 039 \*\*\*150.00

DOCUMENT # P00000112858



1. Entity Name  
EXPRESS WINGS OF PINELLAS, INC.

Principal Place of Business  
2710 GOLF TO BAY BLVD  
CLEARWATER FL 33759

Mailing Address  
2710 GOLF TO BAY BLVD  
CLEARWATER FL 33759

2. Principal Place of Business  
**2710 GOLF to Bay Blvd**

3. Mailing Address  
**2710 GOLF to Bay Blvd**



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Clearwater, FL**

City & State  
**Clearwater, FL**

4. FEI Number **59-3685747**

Applied For  
Not Applicable

Zip Country  
**33759 Pinellas**

Zip Country  
**33759 Pinellas**

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**

**RYBAK, JOSEPH**  
2710 GOLF TO BAY BLVD  
CLEARWATER FL 33759

Name **Rybak, Joseph**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RYBAK, JOSEPH</b>	NAME	
STREET ADDRESS	<b>2710 GOLF TO BAY BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RYBAK, KAREN</b>	NAME	
STREET ADDRESS	<b>2710 GOLF TO BAY BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED (PRESIDENT)** **JOSEPH RYBAK** **4/17/03** **727 791 0717**

CRE034 (10/02)