## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 29, 2002 8:00 am Secretary of State P93000070571 DOCUMENT # 1. Entity Name 08-29-2002 90004 015 \*\*\*558.75 WINGCO, INC. Principal Place of Business Mailing Address 1425 GENERAL AVIATION DR. 1425 GENERAL AVIATION DR. MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. -DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3205636 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYD, JOEL E Umber is Not Ac 100 RIALTO PLACE SUITE 510 **MELBOURNE FL 32901** 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. FILE NOW!!! FEE IS \$550.00 + 200 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE (4/02)☐ Delete TITLE ☐ Change Addition SHAW, GEORGE A NAME STREET ADDRESS 1425 GENERAL AVIATION DR STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-ZIP TITLE **VPTS** ☐ Delete TITLE ☐ Change Addition NAME SHAW, MARY NAME STREET ADDRESS 1425 GENERAL AVIATION DR STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32935** CITY-ST-ZIP DP TITI E ☐ Delete TITLE Change ☐ Addition NAME SHAW, GEORGE A NAME STREET ADDRESS 1425 GENERAL AVIATION DR STREET ADDRESS CITY-ST-7IP **MELBOURNE FL 32935** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**CR2E034**