MAME PREET ADDRESS PARLONE DE LA NOD FL 3 JL TITLE NAME TREET ADDRESS	2000	UNIFORM BUSI	NESS REPOR	RT (UBR)				((D)
Maling Address Option Place of Business Option			}		-,	SECRET	ary o	FSTATE	E DHE
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Suite, Apr. 4, etc. Suite, Apr. 4, etc. DO NOT WRITE IN THIS SPACE		of Business	Mailing Address					·	
Secretary Secr	912 1	MALONO DRIVE			. DO	O NOT WRITE	IN THIS SI	PACE	,
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nome 1. Name and Address of New Registered Agent Nome 1. Street Address (P. C. Box Number is Not Acceptable) 1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonda. 1. This corporation is eligible to satisfy its fittingfible 1. This corporation is eligible to sati	City & State	ANDO I HEL.	City & State			453	74		
Name Street Address (P.O. Box Number is Not Acceptable)	328	(1) Country	zip 32810	Country				ee Required	
City FL Zp.Code 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. ICNATURE Summar, bread or printed name or registered agent and title if applicable. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNATURE Summar, bread or printed name or registered agent and title if applicable. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNATURE Summar, bread or printed name or registered agent and title if applicable. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both in the State of Florida. ICNTE Registered Agent separative registered agent				Name	7. Name and Addres	s of New Reg	istered A	gent	·
City FL Zp.Code 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. ICNATURE Summar, bread or printed name or registered agent and title if applicable. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNATURE Summar, bread or printed name or registered agent and title if applicable. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNATURE Summar, bread or printed name or registered agent and title if applicable. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both, in the State of Florida. ICNTE Registered Agent separative registered agent, or both in the State of Florida. ICNTE Registered Agent separative registered agent	JY J	1,5UK TAVIS 19 MALONE +	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
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IGNATURE Separative, typed or pursion ranke of registered agent and ister if applicable. (NOTE Registered Agent separative recurred when remeasing) DATE					tannel agrada in the	State of Florin			<u> </u>
THE MAME MISCIA DAVIS DELVE TITLE MAME MAME MISCIA DAVIS DELVE TITLE MAME MAME MAME MEET ADDRESS MAME MAME MAME MAME MAME MAME MAME M	. This corpor	ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! After SEPTEMBER 13,	FEE IS \$550.00 2000 Min. will be \$7	10. Election C		ncing		
CITY-ST-ZIP	1.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANC	SES TO OFFIC	ERS AND	DIRECTORS	S IN 11
Delete	TREET ADDRESS	PROSIDENT MISUK DAVIS 9,9 MALONE	Deive.	NAME STREET ADDRESS	700	0034	1791		
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	ITY-ST-ZIP ITLE IAME		. Delete	TITLE NAME				☐ Change	Addition
3. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	TREET ADDRESS ITY-ST-ZIP			CITY-ST-ZIP					

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:

MANUEL DAVIS DAVIS DAVIS DAVIS 1246





Better Business Services, Inc.

Bookkeeping . Payroll Processing . Income Tax Preparation

October 31, 2000

Division of Corporation P.O. Box 6327 Tallahassee, Fl 32314-6327

Re Wings 'n Things an Eatery, Inc.

This is in regard to Wings 'n Things reinstatement. The director say that she never received the first annual report, because she had moved quite long ago and it was never transferred.

We called your office and they said it would be fine to pay the \$150 top reinstate her corporation.

Anything that might be done to help them, would be greatly appreciated.

Sincerely,

Lillian C. Coy Branch Manager