

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90010 019 ***158.75

DOCUMENT # J85219

1. Entity Name
C-WINGS, INC.

Principal Place of Business
% WILLIAM W. CUBBAGE
32720 ECHO DRIVE
LEESBURG FL 34788

Mailing Address
% WILLIAM W. CUBBAGE
32720 ECHO DRIVE
LEESBURG FL 34788

2. Principal Place of Business
c/o Gregory W. Cubbage

3. Mailing Address
c/o Gregory W. Cubbage

Suite, Apt. #, etc.
32720 Echo Dr.

Suite, Apt. #, etc.
32720 Echo Dr.

City & State
Leesburg, FL

City & State
Leesburg, FL

4. FEI Number **59-0718766**

Applied For
 Not Applicable

Zip Country
34788 Lake

Zip Country
34788 Lake

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

CUBBAGE, WILLIAM W.
32720 ECHO DRIVE
LEESBURG FL 34788

Name **Gregory W. Cubbage**

Street Address (P.O. Box Number is Not Acceptable)
32720 Echo Dr.

Leesburg Regional Airport

City **Leesburg** **FL** Zip Code **34788**

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 **Gregory W. Cubbage**

Gregory W. Cubbage Pres.
 (NOTE: Registered Agent signature required when reinstating)

3/7/01
 DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
PTD
CUBBAGE, WILLIAM W.
 STREET ADDRESS **32720 ECHO DRIVE**
 CITY-ST-ZIP **LEESBURG FL**

TITLE NAME Change Addition
PTSD
Gregory W. Cubbage
 STREET ADDRESS **32720 Echo Dr.**
 CITY-ST-ZIP **Leesburg FL 34788**

TITLE NAME Delete
VSD
CUBBAGE, GREGORY W.
 STREET ADDRESS **32720 ECHO DRIVE**
 CITY-ST-ZIP **LEESBURG FL**

TITLE NAME Change Addition
VD
William W. Cubbage
 STREET ADDRESS **32720 Echo Dr.**
 CITY-ST-ZIP **Leesburg, FL 34788**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: **Gregory W. Cubbage Pres.**

Gregory W. Cubbage **3/7/01**

3527875128
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)