

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

02-20-2003 90020 007 ****50.00

DOCUMENT # L02000005423

1. Entity Name

WINGSPAN, LLC



Principal Place of Business

**500 TRINITY LANE #1207
ST. PETERSBURG FL 33716**

Mailing Address

**C/O PHILLIP A. MCLEOD
540 FOURTH STREET NORTH
ST. PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 3303
Cocoa Beach
FL 32909**



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0602289

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCLEOD, PHILIP A
540 FOURTH STREET NORTH
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1/19/03
DATE

FILE NOW!!! FEE IS \$60.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WILLIAM WINT 500 TRINITY LANE #1207 ST. PETERSBURG, FLORIDA 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/19/03 (727) 556-0420
DATE Daytime Phone #