

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90033 010 ***150.00

0081708

DOCUMENT # L78014

1. Entity Name

WINGS OF EAGLES, INC.

Principal Place of Business

970 LOGGERHEAD ISLAND DR.
 SATELLITE BEACH FL 32937
 US

Mailing Address

970 LOGGERHEAD ISLAND DR.
 SATELLITE BEACH FL 32937
 US

00032441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0247243**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

JACOBY, KENNETH N
 1423 S. PATRICK DR.
 SATELLITE BEACH FL 32937

Deceased

Name **Anthony N. Brimo**

Street Address (P.O. Box Number is Not Acceptable)
1413 S. Patrick Dr., Ste. 4

City **Satellite Beach** **FL** Zip Code **32937**

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 *Anthony N. Brimo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-30-2001

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 **PD** ☐ Delete
 NAME **SCHMIDT, BERT**
 STREET ADDRESS **488 RED SAIL WAY**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **SCHMIDT, NORBERT O**
 STREET ADDRESS **970 LOGGERHEAD ISLAND DR.**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **SCHMIDT, DONNA**
 STREET ADDRESS **970 LOGGERHEAD ISLAND DR.**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **SCHMIDT-SULLIVAN, CAROL**
 STREET ADDRESS **910 N. RIVERSIDE DR.**
 CITY-ST-ZIP **INDIANTLANTIC FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: *Donna M. Schmidt* *Donna M. Schmidt*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Apr 2001 **321 7775481**
 Date Daytime Phone #

CR2E034 (10/00)