

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -5 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L96000001314

1. Entity Name
FLY HOME WINGS, L.C.

Principal Place of Business
1117 LADY GUINEVERE DRIVE
VALRICO FL 33594

Mailing Address
1117 LADY GUINEVERE DRIVE
VALRICO FL 33594-5827

2. Principal Place of Business

1271 KINGSWAY RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

BRANDON FL

City & State

4. FEI Number

59-3416110

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUGILLO, LEE E JR.
1117 LADY GUINEVERE DRIVE
VALRICO FL 33594

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS TRUGILLO, CHRISTOPHER R
CITY- ST- ZIP 1117 LADY GUINEVERE DRIVE
VALRICO FL 33594 ☐ Delete

TITLE NAME MEM
STREET ADDRESS TRUGILLO, KATHERINE L
CITY- ST- ZIP 1117 LADY GUINEVERE DRIVE
VALRICO FL 33594 ☐ Delete

TITLE NAME MEM
STREET ADDRESS TRUGILLO, LEE E JR.
CITY- ST- ZIP 1117 LADY GUINEVERE DRIVE
VALRICO FL 33594 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003274646--7
CITY- ST- ZIP -06/02/00--01043--018
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ 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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-21-2000

Date

813-655-9464

Daytime Phone #