

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

my 4/12



DO NOT WRITE IN THIS SPACE

| | | | |
|-------------------------------------------------------------------------------|--|------------------------------------------------------------------------|--|
| DOCUMENT # 1. Entity Name OCALA WINGS, LLC | | L99000002297 | |
| Principal Place of Business 1056 NORTH 3RD STREET JACKSONVILLE FL 32250 | | Mailing Address 1056 NORTH 3RD STREET JACKSONVILLE FL 32250-7239 | |

| | | | |
|----------------------------------------------------------------|-----------------------|----------------------------------------------|-----------------------|
| 2. Principal Place of Business <i>3451 S.W. COLLEGE RD.</i> | | 3. Mailing Address <i>114 SE. 1ST ST.</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. <i>SUITE 9</i> | |
| City & State <i>OCALA, FL</i> | | City & State <i>GAINESVILLE, FL</i> | |
| Zip <i>34474</i> | Country <i>USA</i> | Zip <i>32601</i> | Country <i>USA</i> |

| | | | |
|------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent SAIG, LOUIS M 1056 NORTH 3RD STREET JACKSONVILLE FL 32250 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 _____ (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 STREET ADDRESS CITY- ST- ZIP | MGRM SCS MANAGEMENT GROUP, INC. 1056 NORTH 3RD STREET JACKSONVILLE FL 32250 | <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 | |

| 10. ADDITIONS/CHANGES | | | |
|--------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <i>114 SE 1ST ST. GAINESVILLE, FL 32601</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** *LOUIS SAIG (Sec.)* *3-28-00* *393 5598*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)