2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 PM 1:48

65-0946973

DO NOT WRITE IN THIS SPACE

DOCUMENT # L 99000004385

1. Entity Name

WING'S FURNITURE ENTERPRISE, L.C.

Principal Place of Business	Mailing Address
3501 DEL PRADO BLVD., STE. 20 CAPE CORAL, FL 33904	5109 DEL PRADO BLVD. CAPE CORAL, FL 33904

2. Principal Place of Business	3. Mailing Address
4604 SE 20TH AVE	4604 SE 20TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State: CAPE CORAL, FL
Zip: 33904 Country: US	Zip: 33904 Country: US

4. FEI Number 65-0946973 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTEL, VIOLA
5109 DEL PRADO BLVD.
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name: BERGMANN, MICHAELA
Street Address (P.O. Box Number is Not Acceptable): 2712 SW 42ND LANE
City: CAPE CORAL FL Zip Code: 33914

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: Michaela Bergmann 4/12/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) [redacted]

10. Election Campaign Financing Trust Fund Contribution. $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DICK, WILLY SCHILLERSTR. 28 D-79713 BAD SAECKINGEN	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DICK, INGEBORG SCHILLERSTR. 28 D-79713 BAD SAECKINGEN	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change / Addition

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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: Willy Dick 4/20/00 941-945-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone