2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000957

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 8:33

DO NOT WRITE IN THIS SPACE

1. Entity Name
WINGEDFOOT SERVICES, LLC

Principal Place of Business	Mailing Address
~~126 WINGED FOOT LANE~~	~~126 WINGED FOOT LANE~~
~~BOCA RATON FL 33432~~	~~BOCA RATON FL 33483-3354~~

2. Principal Place of Business	3. Mailing Address
100 E. LINTON BLVD	
Suite, Apt. #, etc.: SUITE #502-A	Suite, Apt. #, etc.: ← SAME
City & State: DELRAY BEACH	City & State:
Zip: 33483 Country: USA	Zip: Country:

4. FEI Number: 65-0930724 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NATIONAL CORPORTE RESEARCH, LTD., INC.	Name
1406 HAYS ST., SUITE 2	Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301	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], COO 1/15/00
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

nf 2/24/00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	~~MGR~~ ☐ Delete	TITLE	MANAGING MEMBER ☒ Change ☐ Addition
NAME	IACOBUCCI, EDWARD E – "MGRM"	NAME	EDWARD E. IACOBUCCI – MGRM
STREET ADDRESS	~~126 WINGED FOOT LANE~~	STREET ADDRESS	100 E. LINTON BLVD, SUITE 502-A
CITY-ST-ZIP	~~BOCA RATON FL 33432~~	CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	~~MGR~~ ☐ Delete	TITLE	CHIEF OPERATING OFFICER ☒ Change ☐ Addition
NAME	LEE, NANCY K – "MGR"	NAME	NANCY K. LEE – MGR
STREET ADDRESS	~~126 WINGED FOOT LANE~~	STREET ADDRESS	100 E. LINTON BLVD, SUITE 502-A
CITY-ST-ZIP	~~BOCA RATON FL 33432~~	CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	500003148415--2
STREET ADDRESS		STREET ADDRESS	-02/25/00--01102--007
CITY-ST-ZIP		CITY-ST-ZIP	****50.00 ****50.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (9/99)

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] RECEIVED MGR 1/15/00 561-278-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #