

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90316 034 ****61.25

DOCUMENT # N00000005497

1. Entity Name
WINGS FOR LIFE, INC.



Principal Place of Business

**5415 BENJAMIN CENTER DR
TAMPA FL 33634**

Mailing Address

**5415 BENJAMIN CENTER DR
TAMPA FL 33634**

2. Principal Place of Business

Suite, Apt. #, etc.
5915 Benjamin Gtr. Dr.
City & State

3. Mailing Address

Associated Marine Institutes
Suite, Apt. #, etc.
5915 Benjamin Gtr. Dr.
City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3662308**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HULL, DAVID J. SMITH, HULSEY & BUSEY
225 WATER ST
SUITE 1800
TALLAHASSEE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CT** ☐ Delete
NAME **WEAVER, ROBERT**
STREET ADDRESS **5415 BENJAMIN CENTER DR**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **PT** ☐ Delete
NAME **STANDER, O.B.**
STREET ADDRESS **5415 BENJAMIN CENTER DR**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **ST** ☐ Delete
NAME **MANN, NATALIE**
STREET ADDRESS **5915 BENJAMIN CENTER DR**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **5915**
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **5915**
CITY-ST-ZIP

TITLE **STD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Natalie Mann 1/6/03 (813) 887-3300**

CR2E037 (10/02)