

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90012 047 ****61.25

DOCUMENT # N42775

1. Entity Name

SILVER WINGS REACT, INC.

Principal Place of Business

Mailing Address

1712 W. AVERY ST.
 PENSACOLA FL 32501

1712 W. AVERY ST.
 PENSACOLA FL 32501-1812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3012525

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, KIMBERLY K
1003 WINTON AVE
PENSACOLA FL 32507

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

Kimberly K Scott *Kimberly K Scott*

2-17-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CARNLEY, CHARLES**
 CITY-ST-ZIP **1712 W. AVERY ST.**
PENSACOLA FL 32501

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Bardo, Lynn**
 CITY-ST-ZIP **2009 N. Roberts Circle**
Pensacola, FL 32534

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BLUM, VIVIAN**
 CITY-ST-ZIP **2009 N. ROBERTS CIRCLE**
PENSACOLA FL 32534

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CRISPIN, JOHN**
 CITY-ST-ZIP **1319 WISTERIA AVE**
PENSACOLA FL 32507

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **CARNLEY, BETTY**
 CITY-ST-ZIP **1712 W. AVERY ST.**
PENSACOLA FL

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

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **SCOTT, KIMBERLY K**
 CITY-ST-ZIP **1003 WINTON AVE**
PENSACOLA FL

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **MARTIN, CONNIE**
 CITY-ST-ZIP **7101 LILLIAN HWY, LOT 57**
PENSACOLA FL 32506

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:

Betty K Carnley *Betty K Carnley*

2-17-00

850 438-8609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)