

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003176

1. Entity Name

GOLDEN WINGS, INC.

Principal Place of Business

580 NW 47TH TERRACE
DEERFIELD BEACH FL 33442
US

Mailing Address

580 NW 47TH TERRACE
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BEAUPRE, JUDITH A
580 NW 47TH TERRACE
DEERFIELD BEACH FL 33442

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.

SIGNATURE

Judith A. Beupre

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, W J	
STREET ADDRESS	511 74TH STREET	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, EMILY	
STREET ADDRESS	3212 LAKEVIEW CIRCLE STE. 101	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAUPRE, JUDY	
STREET ADDRESS	580 NW 47TH TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, P	
STREET ADDRESS	2314 OLD NEW WINDSOR PIKE	
CITY-ST-ZIP	NEW WINDSOR MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEU, JOANN	
STREET ADDRESS	2131 NW 30TH ROAD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, DAN	
STREET ADDRESS	62 DARLINGTON ROAD	
CITY-ST-ZIP	BEAVER FALLS PA 15010	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, SALLY	
STREET ADDRESS	44935 ATLANTIC AVE #105	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOBLE, BECKY	
STREET ADDRESS	8700 RINGWOOD AV. #B-305	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	

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:

Judith A. Beupre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-01

Date

Daytime Phone #

954-570-5304

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90041 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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