

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

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90106 045 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0404516**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WATERS, W J**
STREET ADDRESS **511 74TH STREET**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **D** ☒ Delete
NAME **EDWARDS, SALLY**
STREET ADDRESS **4493 S ATLANTIC AVE #705**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **D** ☐ Delete
NAME **BEAUPRE, JUDY**
STREET ADDRESS **580 NW 47TH TERRACE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **D** ☐ Delete
NAME **MILLER, P**
STREET ADDRESS **2314 OLD NEW WINDSOR PIKE**
CITY-ST-ZIP **NEW WINDSOR MD**

TITLE **D** ☐ Delete
NAME **NEU, JOANN**
STREET ADDRESS **2131 NW 30TH ROAD**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Delete
NAME **NOBLE, BECKY**
STREET ADDRESS **8700 RIDGEWOOD AVE #B-305**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Change ☒ Addition
NAME **JOAN SCHWEGMAN**
STREET ADDRESS **10 BARRETT DR.**
CITY-ST-ZIP **FT. THOMAS, KY 41075**

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

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

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

CR2E037 (10/02)

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03 954-570-5304