2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # N94000004952 1. Entity Name WINGS OF VICTORY INTERNATIONAL, INC. 04-26-2001 90099 035 ****61.25 Principal Place of Business Mailing Address 7831 10TH AVE., SOUTH 7831 10TH AVE., SOUTH ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 C0052166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3272560 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -Street Address (P.O. Box Number is Not Acceptable) -RAGLAND, GEORGE E 7831 10TH AVE., SOUTH ST. PETERSBURG FL 33707 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. П **Department of State FEE IS \$61.25** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change Addition RAGLAND, GEORGE E NAME NAME STREET ADDRESS 7831 10TH AVE. SOUTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33707 CITY-ST-ZIP **VSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAGLAND, BARBARA T NAME NAME STREET ADDRESS 7831 10TH AVE., SOUTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33707 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DANIELL, T. EVAN NAME NAME STREET ADDRESS 3467 E. RIVERSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33916 TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 CHY-ST-7IP CITY-ST-ZIP

12. Thereby 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 attack

SIGNATURE: