

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003622

1. Entity Name

WINGS OF MORNING, INC.

Principal Place of Business

6452 QUAIL HOLLOW RD
WESLEY CHAPEL FL 33544
US

Mailing Address

P.O. BOX 7290
WESLEY CHAPEL FL 33544
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

09-13-2001 90019 021 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3396147

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P ESQ.
HINES & ASSOCIATES, P.A.
315 SOUTH HYDE PARK AVE.
TAMPA FL 33606

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

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
After September 12, 2001, min. will be \$236.25

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	PARKER, JAMES B	
STREET ADDRESS	890 FANIUK WOOD CT.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PETERSON, ROBERT	
STREET ADDRESS	P.O. BOX 807	
CITY-ST-ZIP	BARREDO SPRINGS CA 92004	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RAO, BALA	
STREET ADDRESS	4301 GAINSBORO CT.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	STILES, SHELLEY	
STREET ADDRESS	1711 FORREST CROSSING CIR	
CITY-ST-ZIP	FRANKLIN TN 37064	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALLEK, HENRY	
STREET ADDRESS	3207 MAGNOLIA RIDGE RD.	
CITY-ST-ZIP	ANNAPOLIS MD 21403	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMAN, CHRISTOPHER	
STREET ADDRESS	2905 JAMES MELVIN DR.	
CITY-ST-ZIP	PLANT CITY FL 33565	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/T/D/C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, WALTER T.	
STREET ADDRESS	6452 QUAIL HOLLOW BLVD	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
TITLE	V/S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, FERRAL G.	
STREET ADDRESS	6452 QUAIL HOLLOW BLVD.	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
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		

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:

Walter T. Burton 9/7/01 (813) 991-4840

CR2E037 (5/01)