

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000908

1. Entity Name

DEAF WINGS, INC.

*[Handwritten Signature]*

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90073 041 \*\*\*\*70.00

Principal Place of Business

7190 76TH ST. NORTH  
PINELLAS PARK FL 33781

Mailing Address

7190 76TH ST. NORTH  
PINELLAS PARK FL 33781

2. Principal Place of Business

7525 83rd St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 2730

CITY & STATE  
PINELLAS PARK, FL

CITY & STATE

Zip  
33780-2730

COUNTRY  
PINELLAS

Zip

COUNTRY

4. FEI Number

59-2396122

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COULSTEN, BARBARA  
140 CITRUS AVE  
DUNEDIN FL 34698

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

*Barbara h. Coulsten*

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 13, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
COULSTON, BARBARA  
140 CITRUS AVE  
DUNEDIN FL 34698 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
HARRIS, SARAH  
7924 47TH ST. N.  
PINELLAS PARK FL 33781 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
SMITH, KIM H  
2305 GLENWOOD DR  
TAMPA FL 33602 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
SHORTZ, SALLY  
9209 SEMINOLE BLVD #77  
SEMINOLE FL 33772 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

*Barbara h. Coulsten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sept 8, 2000* (TT4)  
Date Daytime Phone # (813) 253-7466

CR2E037 (5/00)