

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90041 028 \*\*\*\*\*70.00

0065046

**DOCUMENT # N98000000908**

1. Entity Name

**DEAF WINGS, INC.**

Principal Place of Business

Mailing Address

7525 83RD ST  
P.O. BOX 2730  
PINELLAS PARK FL 33780

~~7190 76TH ST. NORTH~~  
~~PINELLAS PARK FL 33781~~  
P.O. Box 2730  
Pinellas Park 33780

2. Principal Place of Business

3. Mailing Address

7525 83RD ST N

P.O. Box 2730

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 2730

City & State

City & State

Pinellas Park

Pinellas Park FL

Zip

Country

Zip

Country

Pinellas

33780

Pinellas

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

7. Name and Address of New Registered Agent

~~COULSTON, BARBARA~~  
~~140 CITRUS AVE~~  
~~DUNEDIN FL 34698~~

Smith Kim  
2305 N. Glenwood Dr  
Tampa FL 33602

Name Smith Kim

Street Address (P.O. Box Number is Not Acceptable)

2305 N. Glenwood Dr

City Tampa

FL

Zip Code

33602

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete  
NAME COULSTON, BARBARA  
STREET ADDRESS 140 CITRUS AVE  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE President ☒ Change ☐ Addition  
NAME Kim Smith  
STREET ADDRESS 2305 N. Glenwood Dr  
CITY-ST-ZIP Tampa FL 33602

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

TITLE DS ☒ Change ☐ Addition  
NAME Sandra Egan  
STREET ADDRESS 2148 Greenbriar Blvd  
CITY-ST-ZIP Clearwater FL 33763

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

TITLE DS ☒ Change ☐ Addition  
NAME Staci Wagner  
STREET ADDRESS 1252 Holly Circle  
CITY-ST-ZIP Oldsmar FL 34677

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

TITLE DT ☒ Change ☐ Addition  
NAME Marilyn Knetzer  
STREET ADDRESS 601 Palm Place  
CITY-ST-ZIP Safety Harbor FL 34695

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

4-9-01

Date

Daytime Phone #

CR2E037 (10/00)