

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90127 040 ****61.25

DOCUMENT # N98000000908

1. Entity Name

DEAF WINGS, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 2730
PINELLAS PARK FL 33780

2. Principal Place of Business

3. Mailing Address

8010 Gaten Wilson Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B-100

City & State

City & State

Port Richey FL

Zip

Country

Zip

Country

FL 34668



DO NOT WRITE IN THIS SPACE

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

SMITH, KIM

2305 N. GLENWOOD DRIVE
TAMPA FL 33602

Name

SARAH HARRIS

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

7924-47th ST N

Pinellas Park, FL

City

FL

Zip Code

33781

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

Sarah M. Harris

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/6/02

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	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, KIM	
STREET ADDRESS	2305 N. GLENWOOD DRIVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	EGAN, SANDRA	
STREET ADDRESS	2148 GREENBRIAR BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WAGNER, STACI	
STREET ADDRESS	1262 HOLLY CIRCLE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	KNETZER, MARILYN	
STREET ADDRESS	601 PALM PLACE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Sarah M. Harris, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7924-47th ST N	
STREET ADDRESS	Pinellas Park FL 33781	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER D. WAGNER	
STREET ADDRESS	13505 DRYSDALE ST.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13505 DRYSDALE STREET	
STREET ADDRESS	SPRING HILL, FL 34609	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE ZIEV	
STREET ADDRESS	POB 22205, Tampa, FL 33622	
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:

SARAH M HARRIS

Date

Daytime Phone #

2/6/02 727-816-1314

CR2E037 (9/01)