

# 2001 UNIFORM BUSINESS REPORT (UBR)

0384169

DOCUMENT # P00000045541

AMENDED

1. Entity Name

WHEELS N WINGS, INC.

Principal Place of Business

709 Cape Coral Pkwy W  
Cape Coral, FL 33914

Mailing Address

709 Cape Coral Pkwy W  
Cape Coral, FL 33914

2. Principal Place of Business

2309 El Dorado Parkway

Suite, Apt. #, etc.

3. Mailing Address

2309 El Dorado Parkway

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-1039505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Wright, Christine F.  
1105 Cape Coral Pkwy E, Suite C  
Cape Coral, FL 33904

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME Schadek, Ruth  
STREET ADDRESS 709 Cape Coral Pkwy W  
CITY-ST-ZIP Cape Coral, FL 33914

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME Ruester, Dagmar  
STREET ADDRESS 2309 El Dorado Pkwy  
CITY-ST-ZIP Cape Coral, FL 33914

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*D. Ruester*

*Dagmar Ruester Dir*

7/10/01

9415407007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED

01 JUL 10 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE