

FILED
Jul 24, 2001 8:00 am
Secretary of State

06-22-2001 90219 033 ***158.75
07-24-2001 90024 008 ***391.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 000000047181			
1. Entity Name Nothing but Wings Inc (LA)			
Principal Place of Business 1263 N.W. 31 AVE FT. LAUDERDALE, FL 33311		Mailing Address P.O. box 101161	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		4. FEI Number 65-1007218	
Zip 33310	Country Broward	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Darryl A. Woods 8154 N.W. 17 MANOR PLANTATION FL 33322		7. Name and Address of New Registered Agent Name Darryl A. Woods Street Address (P.O. Box Number Not Acceptable) 8154 N.W. 17 MANOR PLANTATION FL 33322	
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] Signature typed or printed name of registered agent and use if applicable		DATE 6/13/01 (NOTE: Registered Agent signature required when resigning)	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒		10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Missed check payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		DARRYL B. HARRIS (PRESIDENT) P.O. box 101161 FT. LAUD. FL 33310	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		DARRYL A. WOODS (VICE PRESIDENT) 8154 N.W. 17 MANOR PLANTATION FL 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		SARA WOODY (VICE PRESIDENT) 8154 N.W. 17 MANOR PLANTATION FL 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 6/13/01 954 424-3423 Daytime Phone #	

CR2E034 (1/1/00)