

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90097 001 \*\*\*550.00  
 09-04-2002 90097 002 \*\*\*\*\*8.75

**DOCUMENT # P00000047181**

1. Entity Name  
**NOTHING BUT WINGS, INC.**

Principal Place of Business  
**1263 N.W. 31ST AVENUE**  
**FT. LAUDERDALE FL 33311**

Mailing Address  
~~P.O. BOX 101101~~  
**PORT LAUDERDALE FL 33310**

2. Principal Place of Business

3. Mailing Address  
**1263 NW 31 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FT. LAUDERDALE FL**

4. FEI Number **65-1007218**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33311**

Country  
**Broward**

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

**WOODS, DARRYL A**  
**8154 NW 17TH MANOR**  
**PLANTATION FL 33322**  
**REG. # 1008068798**

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. I am familiar with, and accept the obligations of a registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8.27.02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP**  
**WOODY, SARA**  
**POST OFFICE BOX 100892 N/A**  
**FT. LAUDERDALE FL 33310**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP**  
**WOODS, DARRYL A**  
**8154 N.W. 17TH MANOR**  
**PLANTATION FL 33322**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**President**  
**Darryl A. Woods**  
**8154 N.W. 17TH MANOR**  
**PLANTATION FL 33322**  
☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P**  
**HARRIS, DARRYL B**  
**P.O. BOX 101101**  
**FORT LAUDERDALE FL 33310**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP (Vice President)**  
**Harris, Darryl B**  
**3310 NW 8th STREET**  
**FT. LAUD, FL 33311**  
☒ 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  
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☐ Change ☐ Addition

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 STREET ADDRESS  
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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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8.27.02** **954**  
**599 4623**

CR2E034 (4/02)