

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90446 037 ***150.00

0607607

DOCUMENT # P00000057765

1. Entity Name

EXPRESS WING CORP.

Principal Place of Business

Mailing Address

222 OCEAN FRONT
 JACKSONVILLE BEACH FL 32250

222 OCEAN FRONT
 JACKSONVILLE BEACH FL 32250

D0043914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

820 Shelter Ave
 Suite, Apt. #, etc.

820 Shelter Ave
 Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL.

Jacksonville, FL.

4. FEI Number

Applied For

59-3685749

Not Applicable

Zip

Country

Zip

Country

32250

32250

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

F&L CORP.
 200 LAURA STREET NORTH
 JACKSONVILLE FL 32202

Name
 Clifford Koschnick
 Street Address (P.O. Box Number is Not Acceptable)
 820 Shelter Ave

City Jacksonville FL Zip Code 32250

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)

4/24/01

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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
 NAME KOSCHNIK, CLIFFORD
 STREET ADDRESS 820 OCEAN FRONT
 CITY-ST-ZIP JACKSONVILLE FL 32250

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

TITLE D ☐ Delete
 NAME Clifford Koschnick
 STREET ADDRESS 820 Shelter Ave
 CITY-ST-ZIP Jacksonville, FL. 32250

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

TITLE D ☐ Delete
 NAME Charlie Yates
 STREET ADDRESS 820 Shelter Ave
 CITY-ST-ZIP Jacksonville, FL. 32250

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)