FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 23, 2002 8:00 am
Secretary of State
05-24-2002 91333 002 ***150.00

DOCUMENT # P00000060078

1. Entity Name
FAT BOYS WINGS II INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12220 108 Atlantic Blvd	
Suite, Apt. #, etc. # 108	Suite, Apt. #, etc.
City & State JACKSONVILLE, FL	City & State
Zip 32225 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3417659 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RICHARD P. GLEMANN

Street Address (P.O. Box Number is Not Acceptable): 1122 THIRD STREET, SUITE 3

City NEPTUNE BEACH FL Zip Code 32266

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 Richard P. Glemann 6/15/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Attested UBR is $61.25
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	SOURDIFF, KULLEN T
STREET ADDRESS	2727 S ST. JOHN BLUFF RD, # 203
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	
NAME	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kullen Sourdiff Kullen Sourdiff 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #