

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90244 026 ***550.00

DOCUMENT # P00000074956

1. Entity Name
SOUTHERN WINGS, INC.

Principal Place of Business

**5929-5 YOUNGQUIST RD
 FT MYERS FL 33912**

Mailing Address

**5929-5 YOUNGQUIST RD
 FT MYERS FL 33912**



2. Principal Place of Business

11600 Gladstone # 314

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

FT Myers FL

City & State

SAME

Zip

33908

Country

Lee

Zip

33908

Country

DO NOT WRITE IN THIS SPACE

SS.N

4. FET Number

590-24-4366

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KAYUSA, MICHAEL F ESQ

**1922 VICTORIA AVE, STE A
 FT MYERS FL 33901**

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 \$550.00
 After September 12, 2001 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

TITLE **D** ☒ Delete
 NAME **WILLIAMS, GARY R SR.**
 STREET ADDRESS **5929-5 YOUNGQUIST RD**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **PVST** ☒ Delete
 NAME **WILLIAMS, GARY R SR.**
 STREET ADDRESS **5929-5 YOUNGQUIST RD**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres.** ☒ Change ☐ Addition
 NAME **Williams GARY R JR.**
 STREET ADDRESS **11600 Gladstone # 314**
 CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **V.P. IDAIANA Williams** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **11600 Gladstone # 314**
 CITY-ST-ZIP **FT. Myers FL 33908**

TITLE **D.L. #** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **w-452-296-78-205-0**
 CITY-ST-ZIP **DOB 6/5/78**

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

TITLE ☐ Change ☐ Addition
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-01

Date

Daytime Phone #