2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90157 050 ***158.75

DOCUMENT # P00000106356

1. Entity Name WINGSHIP TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
50 OCEAN DRIVE UITE 902 PALM BEACH FL 33408-2050	450 OCEAN DRIVE SUITE 902 N PALM BEACH FL 33408-2050

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1063251 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANDAU, ROBERT M 450 OCEAN DRIVE #902 NORTH PALM BEACH FL 33408	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 ______________________________

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANDAU, ROBERT M		NAME	
STREET ADDRESS	450 OCEAN DRIVE, SUITE 902		STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL 33408-2050		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANDAU, ROBERT M		NAME	
STREET ADDRESS	450 OCEAN DRIVE, SUITE 902		STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL 33408-2050		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TANFIELD, THEODORE W JR.		NAME	
STREET ADDRESS	450 OCEAN DRIVE, SUITE 902		STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL 33408-2050		CITY-ST-ZIP	
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANTHONY, LORRAINE R		NAME	
STREET ADDRESS	450 OCEAN DRIVE		STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL 33408-2050		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/00)

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: Lorraine R Anthony Secretary/Treasurer 4/18/01 561/842-9464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR