

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90110 004 ***158.75

DOCUMENT # P00000106356

1. Entity Name

Wingship Transportation, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
628 Eastwind Dr

3. Mailing Address
628 Eastwind Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
North Palm Beach, FL

City & State
North Palm Beach, FL

4. FEI Number 65-1063251

Applied For

Not Applicable

Zip
33408

Country
USA

Zip
33408

Country
USA

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 Landau, Robert M.

Street Address (P.O. Box Number is Not Acceptable)

628 Eastwind Dr

City North Palm Beach

FL

Zip Code
33408

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 registered agent.

SIGNATURE

Lorraine Anthony

LORRAINE ANTHONY

4/9/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
Landau, Robert M.
628 Eastwind Dr, North Palm Beach, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Landau, Robert M.
628 Eastwind Dr, North Palm Beach, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Tanfield, theodore W Jr
628 Eastwind Dr, North Palm Beach, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
Anthony, Lorraine R
628 Eastwind Dr, North Palm Beach, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorraine Anthony *LORRAINE ANTHONY*

4/9/03

Date

561/848-9434

Daytime Phone #

CR2E034B (12/02)