

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112858

1. Entity Name

EXPRESS WINGS OF PINELLAS, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90445 023 ***150.00

Principal Place of Business

Mailing Address

222 OCEANFRONT BLVD
JACKSONVILLE FL 32250

222 OCEANFRONT BLVD
JACKSONVILLE FL 32250

UUU43070

2. Principal Place of Business

3. Mailing Address

820 Shetter Ave

820 Shetter Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3685717

Applied For

Not Applicable

Zip

Country

32250

Zip

Country

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

KOSCHNICK, CLIFFORD
222 OCEANFRONT BLVD
JACKSONVILLE FL 32250

Name
Clifford Koschnick

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

820 Shetter 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)

DATE

4/24/01

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$350.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D KOSCHNICK, CLIFFORD
222 OCEANFRONT BLVD
JACKSONVILLE FL 32250 ☒ Delete

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

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

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

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

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

TITLE
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STREET ADDRESS
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☐ Delete

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

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)