2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90445 023 ***150.00

DOCUMENT # P00000112858

1. Entity Name

EXPRESS WINGS OF PINELLAS, INC.

Principal Place of Business	Mailing Address
222 OCEANFRONT BLVD JACKSONVILLE FL 32250	222 OCEANFRONT BLVD JACKSONVILLE FL 32250

U00030070

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
820 Shetter Ave Suite, Apt. #, etc.	820 Shetter Ave Suite, Apt. #, etc.
City & State: Jacksonville, FL.	City & State: Jacksonville, FL.
Zip: 32250 Country:	Zip: 32250 Country:

4. FEI Number: 59-3685747 ☐ Applied For ☐ Not Applicable

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: Cliff Koschnick — 4/24/01
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 $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 / 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 D NAME STREET ADDRESS CITY-ST-ZIP	Charlie Yates 820 Shetter Ave Jacksonville, FL. 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Clifford Koschnick 820 Shetter Ave Jacksonville, FL. 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Cliff Koschnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #