

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90041 038 ***150.00

DOCUMENT # P00000112858

1. Entity Name
EXPRESS WINGS OF PINELLAS, INC.

Principal Place of Business
**820 SHELTER AVE.
 JACKSONVILLE FL 32250**

Mailing Address
**820 SHELTER AVE.
 JACKSONVILLE FL 32250**



2. Principal Place of Business
2710 Gulf to Bay Blvd
 Suite, Apt. #, etc.

3. Mailing Address
2710 Gulf to Bay Blvd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater, FL
 Zip **FL 33759** Country **Pinellas, USA**

City & State
Clearwater, FL
 Zip **33759** Country **Pinellas, USA**

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

**KOSCHNICK, CLIFFORD
 820 SHELTER AVE.
 JACKSONVILLE FL 32250**

7. Name and Address of New Registered Agent

Name **Joseph Rybak**
 Street Address (P.O. Box Number is Not Acceptable)
2710 Gulf to Bay Blvd
 City **Clearwater** **FL** Zip Code **33759**

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

(NOTE: Registered Agent signature required when reinstating)

4/22/02
 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, 2002 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

TITLE **D** ☒ Delete
 NAME **KASCHNICK, CLIFFORD**
 STREET ADDRESS **820 SHELTER AVE.**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☒ Delete
 NAME **YATES, CHARLIE**
 STREET ADDRESS **820 SHELTER AVE.**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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 **Joseph Rybak - Pres.** ☐ Change ☒ Addition
 NAME **2710 Gulf to Bay Blvd**
 STREET ADDRESS **Clearwater, FL 33759**
 CITY-ST-ZIP

TITLE **Sec. Karen Rybak** ☐ Change ☒ Addition
 NAME **2710 Gulf to Bay Blvd**
 STREET ADDRESS **Clearwater, FL 33759**
 CITY-ST-ZIP

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

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

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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: *Joseph Rybak* **JOSEPH RYBAK** **4/22/02** **727 791 0717**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0034700 AV

CR2E034 (9/01)