

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90041 038 ***150.00

0034700 AV

DOCUMENT # P00000112858
 1. Entity Name
EXPRESS WINGS OF PINELLAS, INC.

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



2. Principal Place of Business 3. Mailing Address
2710 Golf to Bay Blvd **2710 Golf to Bay Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

4. FEI Number Applied For
59-3685747 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 Golf 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* DATE **4/22/02**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | D KASCHNICK, CLIFFORD <input checked="" type="checkbox"/> Delete 820 SHELTER AVE. JACKSONVILLE BEACH FL 32250 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YATES, CHARLIE <input checked="" type="checkbox"/> Delete 820 SHELTER AVE. JACKSONVILLE BEACH FL 32250 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Joseph Rybak - Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2710 Golf to Bay Blvd Clearwater, FL 33759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sec. Karen Rybak <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2710 Golf to Bay Blvd Clearwater, FL 33759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph Rybak* DATE **4/22/02** Daytime Phone # **727 791 0717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)