

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90513 039 ***150.00

DOCUMENT # P00000112858

1. Entity Name
EXPRESS WINGS OF PINELLAS, INC.



Principal Place of Business
**2710 GOLF TO BAY BLVD
CLEARWATER FL 33759**

Mailing Address
**2710 GOLF TO BAY BLVD
CLEARWATER FL 33759**

2. Principal Place of Business

2710 GOLF to Bay Blvd

3. Mailing Address

2710 GOLF to Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33759

Country

Pinellas

Zip

33759

Country

Pinellas

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

**RYBAK, JOSEPH
2710 GOLF TO BAY BLVD
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name

Rybak, Joseph

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☐ Delete
NAME **RYBAK, JOSEPH**
STREET ADDRESS **2710 GOLF TO BAY BLVD**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **S** ☐ Delete
NAME **RYBAK, KAREN**
STREET ADDRESS **2710 GOLF TO BAY BLVD**
CITY-ST-ZIP **CLEARWATER FL 33759**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (PRESIDENT)

4/17/03

727 791 0717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)