

**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

4. FEI Number **59-3685747**

Applied For

Not Applicable

Zip

33759

Country

Pinellas

Zip

33759

Country

Pinellas

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RYBAK, JOSEPH	
STREET ADDRESS	2710 GOLF TO BAY BLVD	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	S	<input type="checkbox"/> Delete
NAME	RYBAK, KAREN	
STREET ADDRESS	2710 GOLF TO BAY BLVD	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption shown 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)** **JOSEPH RYBAK** **4/17/03** **727 791 0717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (10/02)