

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90011 003 \*\*\*150.00

**DOCUMENT # P00000112860**

1. Entity Name  
**EXPRESS WINGS OF JACKSONVILLE, INC.**

Principal Place of Business <b>222 OCEANFRONT BLVD JACKSONVILLE BEACH FL 32250</b>	Mailing Address <b>222 OCEANFRONT BLVD JACKSONVILLE BEACH FL 32250</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>800 Shelter Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>800 Shelter Ave</b> Suite, Apt. #, etc.
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City & State <b>Jacksonville, FL.</b>	City & State <b>Jacksonville, FL.</b>	4. FEI Number <b>59-3652256</b>	Applied For <input type="checkbox"/>
Zip <b>32250</b>	Country	Country	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KOSCHNICK, CLIFFORD 222 OCEANFRONT BLVD JACKSONVILLE BEACH FL 32250</b>	7. Name and Address of New Registered Agent Name <b>Clifford Koschnick</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 Shelter Ave</b> City <b>Jacksonville</b> FL Zip Code <b>32250</b>
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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* DATE **4/24/01**

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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees*
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>KOSCHNICK, CLIFFORD 222 OCEANFRONT BLVD JACKSONVILLE BEACH FL 32250</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>Clifford Koschnick 800 Shelter Ave Jacksonville, FL. 32250</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>Charlie Yates 800 Shelter Ave Jacksonville, FL. 32250</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Cliff Koschnick* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)