

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112860

1. Entity Name

EXPRESS WINGS OF JACKSONVILLE, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90011 003 ***150.00

Principal Place of Business

222 OCEANFRONT BLVD
JACKSONVILLE BEACH FL 32250

Mailing Address

222 OCEANFRONT BLVD
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

820 Shelter Ave
Suite, Apt. #, etc.

3. Mailing Address

820 Shelter Ave
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3652256

Applied For

Not Applicable

Zip

32250

Country

Zip

32250

Country

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

KOSCHNICK, CLIFFORD
222 OCEANFRONT BLVD
JACKSONVILLE BEACH FL 32250

Name
Clifford Koschnick

Street Address (P.O. Box Number is Not Acceptable)

820 Shelter Ave

City

Jacksonville

FL

Zip Code

32250

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

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
KOSCHNICK, CLIFFORD
STREET ADDRESS
222 OCEANFRONT BLVD
CITY-ST-ZIP
JACKSONVILLE BEACH FL 32250 ☒ Delete

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

TITLE
NAME
D
Clifford Koschnick
STREET ADDRESS
820 Shelter Ave
CITY-ST-ZIP
Jacksonville, FL 32250 ☐ Delete

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

TITLE
NAME
D
Charlie Yates
STREET ADDRESS
820 Shelter Ave
CITY-ST-ZIP
Jacksonville, FL 32250 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Cliff Koschnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)