

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90336 031 ***150.00

DOCUMENT # P00000112862

1. Entity Name

EXPRESS WINGS OF HILLSBOROUGH, INC.

Principal Place of Business

222 OCEANFRONT BLVD
 JACKSONVILLE FL 32250

Mailing Address

222 OCEANFRONT BLVD
 JACKSONVILLE 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

Zip
 32250

Country

City & State

Jacksonville, FL

Zip
 32250

Country

4. FEI Number

59-3685748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KOSCHNICK, CLIFFORD
222 OCEANFRONT BLVD
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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)