

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115436

1. Entity Name

EXPRESS WINGS OF LEON, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90011 002 ***150.00

Principal Place of Business

222 OCEAN FRONT BLVD
JACKSONVILLE FL 32250

Mailing Address

222 OCEAN FRONT 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

City & State

Jacksonville, FL

4. FEI Number

59-3685756

Applied For

Not Applicable

Zip

Country

32250

Zip

Country

32250

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 OCEAN FRONT BLVD
JACKSONVILLE 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

(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. ☐

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)