FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90056 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024715

1. Entity Name

WINGHOUSE OF ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

954593

2. Principal Place of Business	3. Mailing Address
7421 ULMERTON ROAD	7421 ULMERTON ROAD
Suite, Apt. #, etc. SUITE 104	Suite, Apt. #, etc. SUITE 104
City & State LARGO, FL	City & State LARGO, FL
Zip 33771 Country	Zip 33771 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3705251 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CRAWFORD KER

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

7421 ULMERTON ROAD

City LARGO FL Zip 33771

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 _____ 4/23/02

Signature of new or reinstated registered agent required, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	D
NAME	KER, CRAWFORD
STREET ADDRESS	7137 DELRAN ISLAND DR
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/23/02 (727)535-2939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #