

2/11/

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-11-2002 90181 010 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000062943

1. Entity Name
WINGS MARKETING, INC.

Principal Place of Business Mailing Address
6313 CORPORATE CT., STE. A **6313 CORPORATE CT., STE. A**
FT. MYERS FL 33919 **FT. MYERS FL 33919**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1124180

Applied For

Not Applicable

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

PETEL, JOHN R
6313 CORPORATE CT., STE. A
FT. MYERS FL 33919

Name

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

City

FL

Zip Code

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

Signature of Current Registered Agent and its Representative

(Not Required if Agent is not changing)

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, 2002 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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP	PETEL, JOHN R	6313 CORPORATE CT., STE. A FT. MYERS FL 33919				
	DV	PETEL, KATHLEEN JOAN	6313 CORPORATE CT., STE. A FT. MYERS FL 33919				
	DS	PETEL, NATHAN A	6313 CORPORATE CT., STE. A FT. MYERS FL 33919				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)