

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90224 013 ***158.75

DOCUMENT # P02000019283

1. Entity Name
UPON THE WINGS, INC.



Principal Place of Business
**1496 AVON LANE APT 1127
NORTH LAUDERDALE FL 33068**

Mailing Address
**P.O. BOX 573
BOCA RATON FL 33429**

2. Principal Place of Business
1457 SUSSEX DR

3. Mailing Address
Suite, Apt. #, etc.

City & State
NORTH LAUDERDALE FL

City & State

4. FEI Number **01-0633581**

Applied For
Not Applicable

Zip **33068** Country **US**

Zip Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FREDERICKS, JENNIFER
1496 AVON LANE APT 1127
NORTH LAUDERDALE FL 33068**

7. Name and Address of New Registered Agent

Name **FREDERICKS, JENNIFER**
Street Address (P.O. Box Number is Not Acceptable)
1457 SUSSEX DRIVE
City **NORTH LAUDERDALE FL** Zip Code **33068**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jennifer Fredericks*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPTS** ☐ Delete
NAME **FREDERICKS, JENNIFER**
STREET ADDRESS **1496 AVON LANE APT 1127**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTS** ☒ Change ☐ Addition
NAME **FREDERICKS, JENNIFER**
STREET ADDRESS **1457 SUSSEX DRIVE**
CITY-ST-ZIP **NORTH LAUDERDALE, FL 33068**

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer Fredericks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 **954 718-8166**
Date Daytime Phone #

CR2E034 (10/02)