

4/10/

FILED

May 21, 2002 8:00 am
Secretary of State

04-10-2002 90483 021 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016569

1. Entity Name

WINGS OF THE WORLD, INC.

Principal Place of Business

2601 PAULORI COURT
ORLANDO FL 32835
US

Mailing Address

2601 PAULORI COURT
ORLANDO FL 32835
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3171000

☒ Applied For
☐ Not Applicable5. 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

MANZONELLI, CARMEN
2601 PAULORI COURT
ORLANDO FL 32835

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, typed or printed name of registered agent and title 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) ☐FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete
NAME MANZONELLI, CARMEN
STREET ADDRESS 2601 PAULORI COURT
CITY-ST-ZIP ORLANDO FLTITLE D ☒ Delete
NAME MANZONELLI, MICHELLE
STREET ADDRESS 2601 PAULORI COURT
CITY-ST-ZIP ORLANDO FLTITLE D ☒ Delete
NAME MANZONELLI, RITA
STREET ADDRESS 2601 PAULORI COURT
CITY-ST-ZIP ORLANDO FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☐ Change ☒ Addition
NAME MARK EDWARD MANZONELLI
STREET ADDRESS 12603 GLENLEA DR.
CITY-ST-ZIP ST LOUIS, MO 63043TITLE DIRECTOR ☐ Change ☒ Addition
NAME LAURA M. HELMER
STREET ADDRESS 406 SHADYBROOK DR
CITY-ST-ZIP CREVE COEUR, MO 63141TITLE MICHELLE DARR ☐ Change ☒ Addition
NAME MICHELLE DARR
STREET ADDRESS 10412 BRANTFORD DR
CITY-ST-ZIP TAMPA, FL 33626
TITLE - DIRECTOR / SEC.TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(l), 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 #

CR2ED34 (9/01)