## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P93000070571 WINGCO, INC. 04-04-2001 90497 003 \*\*\*150.00 Principal Place of Business Mailing Address 1425 GENERAL AVIATION DR. 1425 GENERAL AVIATION DR. 641848 MELBOURNE FL 32935 MELBOURNE FL 32935 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3205636 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7.- Name and Address of New Registered Agent-6.-Name and Address of Current Registered Agent Name BOYD, JOEL E Street Address (P.O. Box Number is Not Acceptable) 100 RIALTO PLACE SUITE 510 MELBOURNE FL 32901 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change TITLE ☐ Delete TITLE 1425 AGENDRAL AVIATIONDE NAME SHAW, GEORGE A STREET ADDRESS STREET ADDRESS 110 MARGARITA RD. FL 32935 CITY-ST-ZIP CITY-ST-ZIP S. MELBOURNE BEACH FL TITLE Delete TITLE **VPTS** NAME NAME SHAW, MARY 1425 General AviationDR. STREET ADDRESS STREET ADDRESS 401 RIVERSIDE PL CITY-ST-7IP CITY-ST-ZIP INDIALANTIC FL 32903 Change \_\_\_\_ Addition THTLE-DP: TITLE -: Detete NAME SHAW, GEORGE A NAME 1435 GENERAL AVIATION DR STREET ADDRESS STREET ADDRESS 410 RIVERSIDE PL Melbourne AL 32435 CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF

4/2/2001

321 253 1975

Daytime Phone #