## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2003 8:00 am Secretary of State 04-02-2003 90062 015 \*\*\*150 00 P95000068682 DOCUMENT # 1. Entity Name SEFFNER WINGS, INC. Principal Place of Business 812 W. MARTIN LUTHER KING BLVD Mailing Address 812 W. MARTIN LUTHER KING BLVD SEFFNER FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3338181 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASSARO, J J Street Address (P.O. Box Number is Not Acceptable) 2418 JIM REDMAN PARKWAY PLANT CITY FL 33566 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE TITLE ☐ Delete MASSARO, J J NAME NAME Richard Baly 2418 JIM REDMAN PARKWAY STREET ADDRESS STREET ADDRESS BIZW MARTN LUTHON KING PLANT CITY FL 33566 CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-202

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 ceth; 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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

DILE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



Defete

☐ Delete

☐ Delete

661-7288

☐ Change

☐ Change

☐ Addition

■ Addition

Addition

**FILED** 

## Atlachment

FE1# 59-3338181 DOCUMENT# P95000068682 58 02627

Richard DALY

812 West Martin Luther King Blud Seffner Fla. 33584

Title: Secretary

Massaro JJ. 2418 Jim Redman Parkway Plant City Fla 33566

Title: Treasurer