

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90104 004 ***150.00

DOCUMENT # P96000041090

1. Entity Name

WING & A PRAYER VAN LINES, INC.

Principal Place of Business

110 FLAMINGO DR
SATELLITE BEACH FL 32937

Mailing Address

110 FLAMINGO DR
SATELLITE BEACH FL 32937

2. Principal Place of Business

969 Burn Dr., N.E.

3. Mailing Address

969 Burn Dr., N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Palm Bay, FL

Zip

32905

Country

U.S.A.

Zip

32905

Country

U.S.A.

4. FEI Number

59-3383258

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

HATCHER, CLINTON L
110 FLAMINGO DR
SATELLITE BEACH FL 32937

Name

Hatcher, Clinton L.

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

969 Burn Dr., N.E.

City

Palm Bay

FL

Zip Code

32905

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

Harriett D. Hatcher (for Clinton L. Hatcher)

HARRIETT D. HATCHER
SEC/TREAS

3/30/01

(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, 2001 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	D	<input type="checkbox"/> Delete
NAME	HATCHER, CLINTON L	
STREET ADDRESS	110 FLAMINGO DR	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HATCHER, SYMANTHA	
STREET ADDRESS	110 FLAMINGO DR	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hatcher, Clinton L.	
STREET ADDRESS	969 Burn Dr., N.E.	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATCHER, HARRIETT D.	
STREET ADDRESS	969 BURN DR., N.E.	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Harriett D. Hatcher

HARRIETT D. HATCHER, 3/30/01

(321) 725-7002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY/TREAS

Daytime Phone #

CR2E034 (10/00)