

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 Mailing Address
110 FLAMINGO DR **110 FLAMINGO DR**
SATELLITE BEACH FL 32937 **SATELLITE BEACH FL 32937**

2. Principal Place of Business 3. Mailing Address
969 Burn Dr., N.E. **969 Burn Dr., N.E.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Palm Bay, FL **Palm Bay, FL**
 Zip Country Zip Country
32905 **U.S.A.** **32905** **U.S.A.**

4. FEI Number Applied For
59-3383258 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 State Zip Code
Palm Bay **FL** **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**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) **SECRETREAS** **3/30/01**
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 NAME STREET ADDRESS CITY-ST-ZIP	D. HATCHER, CLINTON L 110 FLAMINGO DR SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HATCHER, SYMANTHA 110 FLAMINGO DR SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 **SECRETREAS** Daytime Phone #

CR2E034 (10/00)