

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078105

1. Entity Name

WHEN PIGS FLY, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90862 013 ***158.75

Principal Place of Business

Mailing Address

411 NORTH DONNELLY STREET
 MT. DORA FL 32757

411 NORTH DONNELLY STREET
 MT. DORA FL 32757-5526

2. Principal Place of Business

121 N. Highland St
 Suite, Apt. #, etc.

3. Mailing Address

121 N. Highland St
 Suite, Apt. #, etc.

City & State

MOUNT DORA, FL

City & State

MOUNT DORA, FL

4. FEI Number

58-2283609

Applied For

Not Applicable

Zip

32757

Country

Zip

32757

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WOLLAND, FRANK
 12865 WEST DIXIE HIGHWAY
 NORTH MIAMI FL 33161

Thomas O'Rourke
 7481 W. Oakland Park
 Blvd.
 Lauderhill, FL 33319

7. Name and Address of New Registered Agent

Name Thomas O'Rourke

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

7481 W. Oakland Park Blvd

City Lauderhill

FL

Zip Code 33319

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, 2000 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

TITLE PD
 NAME SPASEFF, CASSIE
 STREET ADDRESS 5941 SW 112 WAY
 CITY-ST-ZIP COOPER CITY FL 33330

☒ Delete

TITLE STD
 NAME CONRAD, ABBY
 STREET ADDRESS 933 N. GRANDVIEW ST. 417 N. Simpson St
 CITY-ST-ZIP MT. DORA FL 32757

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME Williams, Alicia Dawn
 STREET ADDRESS 427 N. Simpson St.
 CITY-ST-ZIP Mount Dora, FL 32757

☒ Change ☐ Addition

TITLE STD
 NAME CONRAD, Abby
 STREET ADDRESS 417 N. Simpson St
 CITY-ST-ZIP MT. DORA, FL 32757

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

Abby Conrad

4/27/2000

352-735-1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/93)