2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

ME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P97000038697** Apr 25, 2000 8:00 am Secretary of State TREE'S WINGS ENTERPRISES, INC. 04-25-2000 90086 030 ***150.00 Principal Place of Business Mailing Address 603 ROYAL PALM BEACH BLVD 603 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411-7635 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0753628 Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _Name KANOUSE, KEITH J Street Address (P.O. Box Number is Not Acceptable) 2385 EXECUTUVE CENTER DR, STE-270 ONE BOCA PLACE SUITE 324 BOCA RATON FL 33431 2255 GLADES ROAD Zip Code ن 4 3 کی 343/ 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Addition Delete TITLE TITLE THOMPSON, GLENN NAME 603 ROYAL PALM BEACH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Change ☐ Addition TITLE ☐ Delete TITLE THOMPSON, CINDY NAME NAME STREET ADDRESS STREET ADDRESS 603 ROYAL PALM BEACH BLVD CITY-ST-7IP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Addition Delete TITLE Change TITLE NAME MAYNARD: ANDY NAME 603 ROYAL PALM BEACH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Change Delete TITLE ☐ Addition TITLE BEEMILLER, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 603 ROYAL PALM BEACH BLVD CITY-ST-ZIP CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Karil 15, 2000