FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91901 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046987

1. Entity Name
Wings Plus of Spring Hill, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9201 County Line Road
Suite, Apt. #, etc.
City & State: Spring Hill, Florida
Zip: 34609 Country: USA

3. Mailing Address
9201 County Line Road
Suite, Apt. #, etc.
City & State: Spring Hill, Florida
Zip: 34609 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3448422 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Robert Szatkowski
Street Address (P.O. Box Number is Not Acceptable): 9201 County Line Road
City: Spring Hill FL Zip Code: 34609

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, D
NAME	Robert Szatkowski
STREET ADDRESS	361 Telford Court
CITY-ST-ZIP	Spring Hill, FL. 34606
TITLE	S, D
NAME	Mary Szatkowski
STREET ADDRESS	361 Telford Court
CITY-ST-ZIP	Spring Hill, Fl. 34606
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NAME	
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CR2E034E (12/02)

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/03 (252) 604-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #