

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078042

1. Entity Name

NORTHWING CHARTERS, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90266 035 \*\*\*150.00

Principal Place of Business

HAMPTON INN & SUITES  
 1688 OVERSEAS HIGHWAY  
 MARATHON FL 33050  
 US

Mailing Address

1306 51ST STREET GULF  
 MARATHON FL 33050  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0777805**

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

WING, ANDY CAPT.  
 1308 51ST STREET, GULF  
 MARATHON FL 33050

Name

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

City

**FL**

Zip Code

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WING, ANDREW N</b>	
STREET ADDRESS	<b>1308 51ST ST., GULF</b>	
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>RUDACILLE, ANNA</b>	
STREET ADDRESS	<b>20262 HOGBACK MTN. RD.</b>	
CITY-ST-ZIP	<b>LEESBURG VA 20175</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>RUDACILLE, ANDREW L</b>	
STREET ADDRESS	<b>20262 HOGBACK MTN RD.</b>	
CITY-ST-ZIP	<b>LEESBURG VA 20175</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)