

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087030

1. Entity Name

WING AND PARTNERS CORP.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90176 024 ***150.00

Principal Place of Business

Mailing Address

1505 S.E. 40TH ST.,STE.C
CAPE CORAL FL 33904

1505 S.E. 40TH ST.,STE.C
CAPE CORAL FL 33904-7913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0867366

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

1505 S.E. 40TH ST SUITE C

City CAPE CORAL

FL

Zip Code 33904

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.

James W. Amburn
(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 DPST ☒ Delete
NAME LA ROCCO, ROBERT J
STREET ADDRESS 1505 S.E. 40TH ST.,STE.C
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☒ Delete
NAME LA ROCCO, SILVANA
STREET ADDRESS 1505 SE 40TH ST STE C
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Change ☒ Addition
NAME Fluegel, Christian
STREET ADDRESS 1505 S.E. 40th Street, Suite C
CITY-ST-ZIP Cape Coral, FL, 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 (9/99)