2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
04-19-2001 90064 012 ***150.00

DOCUMENT # P98000087030

1. Entity Name
WING AND PARTNERS CORP.

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

DO NOT WRITE IN THIS SPACE

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 65-0867366

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
~~LA ROCCO, ROBERT J~~ 1505 ~~S.E. 40TH~~ ST.,STE.C ~~CAPE CORAL FL 33904~~	Name: Euro-American Financial Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 1505 SE 40th Street, 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 _____ 05/08/2001
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST LA ROCCO, ROBERT J 1505 S.E. 40TH ST.,STE.C CAPE CORAL FL 33904	☒ Delete	PD Fluegel, Christian 1505 S.E.40th Street,Suite C Cape Coral, FL 33904	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LA ROCCO, SILVANA 1505 SE 40TH ST STE C CAPE CORAL FL 33904	☒ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

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: _____ FEBRUARY 19, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (CHRISTIAN FLUEGEL) DATE