

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90044 009 \*\*\*150.00

**DOCUMENT # P99000024232**

**1. Entity Name**  
**WINGSPAND CORP.**

**Principal Place of Business**  
**2100 E. VINA DEL MAR BLVD.**  
**ST. PETERSBURG BEACH FL 33706**

**Mailing Address**  
**2100 E. VINA DEL MAR BLVD.**  
**ST. PETERSBURG BEACH FL 33706**

**2. Principal Place of Business**  
**2153 W. VINA DEL MAR BLVD.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**2153 W. VINA DEL MAR BLVD**  
 Suite, Apt. #, etc.

**City & State**  
**ST PETE BEACH, FL**  
**Zip**  
**33706**  
**Country**  
**FLORIDA**

**City & State**  
**ST PETE BEACH, FL**  
**Zip**  
**33706**  
**Country**  
**FLORIDA**

**4. FEI Number** **NOT APPLICABLE**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**CUMMINGS, ROBERT W**  
**2100 E VINA DEL MAR BLVD**  
**SAINT PETERSBURG FL 33706**

**7. Name and Address of New Registered Agent**

**Name** **SAME**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2153 W. VINA DEL MAR BLVD**  
**City** **ST PETE BEACH, FL** **FL** **Zip Code** **33706**

**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** **ROBERT W. CUMMINGS**  
 Signature, typed or printed name of registered agent and title if applicable.

**Signature** **Robert W. Cummings**  
 (NOTE: Registered Agent signature required when reinstating)

**1/07/02**  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>OP</b> <b>CUMMINGS, ROBERT W</b> <b>2100 E VINA DEL MAR BLVD</b> <b>SAINT PETERSBURG FL 33706</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>2153 W. VINA DEL MAR BLVD</b> <b>ST PETE BEACH, FL 33706</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** **ROBERT W. CUMMINGS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/07/02**  
 Date

**727 363-0063**  
 Daytime Phone #

CR2E034 (9/01)