2000 UNIFORM BUSINESS REPORT (UBR)

6

FILED
Jul 07, 2000 8:00 am
Secretary of State
07-07-2000 90406 034 ***400.00
06-12-2000 90002 018 ***150.00

DOCUMENT # P99000046564

1. Entity Name
WINGS PLUS II OF PALM BEACH, INC

Principal Place of Business
4455 So CONGRESS AVE
LAKE WORTH, FL
33461

Mailing Address
9880 W. SAMPLE RD.
CORAL SPRINGS, FL
33065

D00068436

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 65-0976954 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRIAN P. WALSH
9880 W. SAMPLE RD.
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

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 X [signature] 6/6/00
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. BRIAN P. WALSH 11196 NW 5TH MANOR CORAL SPRINGS, FL 33065 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: X [signature] 6/6/00 954-752-4460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Doc# P99000046564
000436

6/27/00

RE: Wings Plus II
of Palm Beach, Inc.

P99000046564

When I called to report that we had not received a renewal form, I was told we would not have to pay the late fee.

Under the circumstances, we would be grateful if you could reconsider or at least reduce the fee.

Thank You.

Shiloh Peters
office manager