

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053434

1. Entity Name

WINGS OF LIFE INC.

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

05-26-2000 90071 006 ***150.00

Principal Place of Business

Mailing Address

2627 33RD. AVE. DR.E.
 BRADENTON FL 34208

2627 33RD. AVE. DR.E.
 BRADENTON FL 34264-0459

2. Principal Place of Business

3. Mailing Address

2627 33RD AVE. DR. E
 Suite, Apt. #, etc.

P.O. BOX 457
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 BRADENTON FL

Zip
 34208

Country
 FLORIDA

City & State
 BRADENTON FL

Zip
 34264

Country
 FLORIDA

4. FEI Number

65-0927886

☒ 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

WATKINS, WALTER H
 2627 33RD. AVE. DR.E.
 BRADENTON FL 34208

Name
 W.H. WATKINS
 Street Address (P.O. Box Number is Not Acceptable)
 2627 33RD AVE DR E
 City
 BRADENTON FL Zip Code
 34208

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

(NOTE: Registered Agent signature required when reinstating)

01-05-00

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	PRESIDENT WALTER H. WATKINS 2627 33RD AVE DR. E BRADENTON, FL. 34208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT SHIRLEY D. WATKINS 2627 33RD AVE DR. E BRADENTON, FL. 34208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-05-00 1-877 128-4674

CR2E034 (9/99)