

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90071 013 ***150.00

0486007

DOCUMENT # P99000062799

1. Entity Name

BLUE WING INC.,

Principal Place of Business

**7777 N. WICKHAM ROAD. #2
MELBOURNE FL 32940**

Mailing Address

**PO BOX 411254
MELBOURNE FL 32941**

00010100

2. Principal Place of Business

4100 N. Wickham.

Suite, Apt. #, etc.

#106.

3. Mailing Address

4100 N. Wickham.

Suite, Apt. #, etc.

#106.

City & State

Melbourne. FL.

City & State

Melbourne. FL.

Zip

32935.

Country

BREVARD.

Zip

32935.

Country

BREVARD.

4. FEI Number

59-3590540

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GUO, RUN JIN
1900 POST RD
APT 294
MELBOURNE FL 32935**

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

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GUO, RUN-JIN	
STREET ADDRESS	1900 POST RD APT 394	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	S	<input type="checkbox"/> Delete
NAME	PET, ZHENG WU	
STREET ADDRESS	1900 POST D APT 294	
CITY-ST-ZIP	MELBOURNE FL 32935	

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Run Jin Guo (Run Jin Guo) 2-15-01 (320) 242-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)