

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

0629697 AT

DOCUMENT # **P00000115000**

1. Entity Name
EAGLEWINGS TRANSPORT, INC.



05-01-2003 90765 040 ***150.00

Principal Place of Business
**98 BOUIE LANE
QUINCY FL 32351**

Mailing Address
**POST OFFICE BOX 837
QUINCY FL 32353-0837**



2. Principal Place of Business
390 Grace Cunningham Rd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 837
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Quincy, Florida

City & State
Quincy, Florida

4. FEI Number **59-3684826** Applied For
Not Applicable

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

Zip **32352** Country **US** Zip **32353** Country **US**

6. Name and Address of Current Registered Agent
**JOSEPH, RICKY R
98 BOUIE LANE
QUINCY FL 32351**

7. Name and Address of New Registered Agent
Name **Ricky R. Joseph**
Street Address (P.O. Box Number is Not Acceptable)
390 Grace Cunningham Rd.
City **Quincy** FL Zip Code **32352**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ricky R. Joseph* DATE **2-3-2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CUNNINGHAM-JOSEPH, ANGELA K 98 BOUIE LANE QUINCY FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD Angela K Cunningham-Joseph 390 Grace Cunningham Rd. Quincy, FL 32352 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, RICKY R 98 BOUIE LANE QUINCY FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ricky R. Joseph 390 Grace Cunningham Rd. Quincy, FL 32352 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angela K. Cunningham-Joseph* **4-18-2003** **850-627-1957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)