

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90030 016 ****70.00

DOCUMENT # 735885

1. Entity Name

BRANDON MODEL FLYERS, INCORPORATED

Principal Place of Business

11500 SUMMIT W BLVD
 19E
 TAMPA FL 33617
 US

Mailing Address

515 E. BRENTRIDGE DR.
 BRANDON FL 33511
 US

2. Principal Place of Business

JAMES F. MAROCKI

Suite, Apt. #, etc.

G903 N. RIVER BLVD.

City & State

TAMPA, FL.

Zip

33604

Country

USA

3. Mailing Address

G903 N. RIVER BLVD.

Suite, Apt. #, etc.

TAMPA, FL.

City & State

TAMPA, FL.

Zip

33604

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1789103

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNNER, DAVID
72106 FRUITWOOD DR
APT 19E
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name **JAMES F. MAROCKI**

Street Address (P.O. Box Number is Not Acceptable)

G903 N. RIVER BLVD.

City **TAMPA**

FL

Zip Code

33604

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

JAMES F. MAROCKI (TREASURER)

James F. Marocki

8-18-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, ROLANDO 1106 HULL AVE SEFENER FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, EDW. 118 VALLEY CIRCLE BRANDON FL 33510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODMAN, HAROLD 515 BRENTRIDGE DR. BRANDON FL 33511	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAIFF, JAMES 2727 W. FLETCHER- APT 25C TAMPA FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKBURN, ROBERT 201 RICE RD. RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNSIDE, HENRY 4112 PORPOISE DR. TAMPA FL 33617	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" 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 617, 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:

James F. Marocki
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES F. MAROCKI

8-18-00

813-237-8675

Date

Daytime Phone #

CR2E037 (5/00)