

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004077

1. Entity Name

COUNTRY AIRE SERVICE CORPORATION

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90061 020 ****61.25

Principal Place of Business

Mailing Address

38130 MCDONALD ROAD
DADE CITY FL 33525
US

38130 MCDONALD ROAD
DADE CITY FL 33525-6093
US

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

59-2465598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITTER, THERESA
38241 WILLIAMS AIRE ST
DADE CITY FL 33525

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

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

Theresa Smitter, President

(NOTE: Registered Agent signature required when reinstating)

3/29/00
DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<p><input type="checkbox"/> Delete</p> <p>D HACKER, CARL F 382210 WILLIAMS AIRE ST DADE CITY FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>D SMITTER, THERESA 38241 WILLIAMS AIRE ST DADE CITY FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input checked="" type="checkbox"/> Delete</p> <p>D CAMPBELL, JAMES 3811 MCDONALD ROAD DADE CITY FL</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>D Mary McKishnie 38204 Williams Aire St Dade City, FL 33525</p>
<p><input type="checkbox"/> Delete</p> <p>D LAZZARI, EDWARD 38231 AL STREET DADE CITY FL 33525</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>D DEWEY, ETTA 12206 U.S. 301 DADE CITY FL 32525</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>D NELSON, ROBERT 32230 MCDONALD ST DADE CITY FL 33525</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>

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:

Theresa Smitter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa Smitter,

352-567-3294
Daytime Phone #

CR2E037 (9/99)