

2001 UNIFORM BUSINESS REPORT (UBR)

5/31

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-03-2001 90958 047 ****70.00

DOCUMENT # N48528

1. Entity Name

STUART FLYRODDERS, INC.

Principal Place of Business

3585 S.E. ST LUCIE BLVD
 STUART FL 34997

Mailing Address

3585 S.E. ST LUCIE BLVD
 STUART FL 34997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3048 SW CEDAR TRAIL

Palm City FL

34990

Martin



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0415905

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BAGLEY, MATT
 3585 S.E. ST LUCIE BLVD
 STUART FL 34997

7. Name and Address of New Registered Agent

Name JACK YANOR

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

3048 SW CEDAR TRAIL

City Palm City

FL

Zip Code 34990

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

Jack Yanor 003rd for → Jack Yanor (Ammourwork) 4-14-01

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

(NOTE: Registered Agent signature required when reappointing)

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEVITO, RICHARD	
STREET ADDRESS	3585 S.E. ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HULLINAK, SAM	
STREET ADDRESS	3585 S.E. ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOLLIDAY, MIKE	
STREET ADDRESS	512 S.E. EDGEWOOD DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BAGLEY, MATT	
STREET ADDRESS	1131 S.E. ASTORWOOD PL	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK YANOR	
STREET ADDRESS	3048 SW CEDAR TRAIL	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL ZAWALICH	
STREET ADDRESS	5623 SW HARBOR TON	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	SAC D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLIE SANDERS	
STREET ADDRESS	5974 W 2ND ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT CARMON	
STREET ADDRESS	2465 SW VARDEN ST	
CITY-ST-ZIP	PORT ST LUCIE, FL 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/01 561-223 9071

CR2E037 (10/00)