

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90015 016 *****70.00

DOCUMENT # 735885

1. Entity Name

BRANDON MODEL FLYERS, INCORPORATED

Principal Place of Business

Mailing Address

JAMES F. MAROCKI
6903 N. RIVER BLVD
TAMPA FL 33604
US

JAMES F MAROCKI
6903 N RIVER BLVD
TAMPA FL 33604
US

2. ~~13021 Saint Filagree Dr~~
~~Edward M. Brown~~
Suite, Apt. #, etc.

3. Mailing Address
13021 Saint Filagree Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Riverview, FL

City & State
Riverview, FL

4. FEI Number 59-1789103

Applied For
Not Applicable

Zip Country
33569 USA

Zip Country
33569 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAROCKI, JAMES F
6903 N RIVER BLVD
TAMPA FL 33604

Name
Edward M. Brown
Street Address (P.O. Box Number is Not Acceptable)
13021 Saint Filagree Dr.
City
Riverview, FL Zip Code
33569

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 Edward M. Brown Edward M. Brown 1/20/02
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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, ROLANDO 1106 HULL AVE SEFFNER FL 33584	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZANER, JEFF 1405 CLOVEFIELD DRIVE BRANDON FL 33511	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAROCKI, JAMES F 6903 N RIVER BLVD TAMPA FL 33604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, WILLIAM A 6004 FRANCIS DRIVE APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAROUTTE, WARREN 7340 ROOKS DRIVE WESLEY CHAPEL FL 33544	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOYOLA, ROLAND 6008 FRANCIS DRIVE APOLLO BEACH FL 33572	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Edward M. Brown 13021 Saint Filagree Dr. Riverview, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bob Walden 13316 Raulerson Rd. Doover, FL 33527	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dustin Kerr 102 Windy Pl. Brandon FL 33511	<input checked="" type="checkbox"/> Change <input 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
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 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: Edward M. Brown Edward M. Brown 1/20/02 672-8744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)