

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91449 003 ****69.00

DOCUMENT # 735885

1. Entity Name

BRANDON MODEL FLYERS, INCORPORATED



Principal Place of Business

**13021 SAINT FILAGREE DRIVE
RIVERVIEW FL 33569
US**

Mailing Address

**13021 SAINT FILAGREE DRIVE
RIVERVIEW FL 33569
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 **59-1789103**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BROWN, EDWARD M
13021 SAINT FILAGREE DRIVE
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

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

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, EDWARD M	
STREET ADDRESS	13021 SAINT FILAGREE DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WALDEN, BOB	
STREET ADDRESS	13316 RAULERSON RD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MAROCKI, JAMES F	
STREET ADDRESS	6903 N RIVER BLVD	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, WILLIAM A	
STREET ADDRESS	6004 FRANCIS DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KERR, DUSTIN	
STREET ADDRESS	102 WINDY PLACE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOYOLA, ROLAND	
STREET ADDRESS	6008 FRANCIS DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donnie HARDWAY, DONNIE	
STREET ADDRESS	5818 Erhardt Dr.	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZLET, JOHN	
STREET ADDRESS	519 SANOMA DR.	
CITY-ST-ZIP	VALRICO, FL 33509 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN ORDEN, JAMIE	
STREET ADDRESS	4012 SAN NICHOLAS ST.	
CITY-ST-ZIP	TAMPA FL 33629	
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		
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 all other like empowered.

SIGNATURE: Edward Brown REQUIRED Edward Brown 4-25-03 813-672-8744

CR2E037 (10/02)