

2000 UNIFORM BUSINESS REPORT (UBR)

0431861

DOCUMENT # 340137

1. Entity Name

FROMHAGEN AVIATION INC

FILED

00 MAR 10 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1745 SOUTH HIGHLAND AVENUE
CLEARWATER FL 33756

Mailing Address

1745 SOUTH HIGHLAND AVENUE
CLEARWATER FL 33756-1852

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

59-1229417

Applied For

Not Applicable

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

FROMHAGEN, CARL, JR.
1745 SOUTH HIGHLAND AVENUE
CLEARWATER FL 33756

Name

CAROL STERRETT

OWNER

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

1838 Southwood Lane

City

Clearwater

FL

Zip Code

33764

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 Carol Sterrett

02-21-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FROMHAGEN, CARL, JR.	
STREET ADDRESS	1666 ROBINHOOD LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUTTON, SHARON	
STREET ADDRESS	1666 ROBINHOOD LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HUNSINGER, TRUDI	
STREET ADDRESS	2751 21ST PLACE, SW	
CITY-ST-ZIP	LARGO FL	
TITLE	CHIEF EXECUTIVE OFFICER	<input type="checkbox"/> Delete
NAME	FROMHAGEN, Carl Jr.	
STREET ADDRESS	1666 Robinhood Lane	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Carol Sterrett	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1838 Southwood Lane	OWNER
STREET ADDRESS	Clearwater, FL 33764	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003179181--6	
STREET ADDRESS	-03/22/00--01013--021	
CITY-ST-ZIP	***150.00 ***150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003179187--7	
STREET ADDRESS	-03/22/00--01013--022	
CITY-ST-ZIP	*****0.75 *****0.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Sterrett

02-21-00

727 531-3184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)