

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 340137

1. Entity Name
FROMHAGEN AVIATION INC

Principal Place of Business
XXXXXXXXXX XXXX
1838 SOUTHWOOD LANE
CLEARWATER FL 33764

Mailing Address
XXXXXXXXXX XXXX
1838 SOUTHWOOD LANE
CLEARWATER FL 33764

2. Principal Place of Business
1838 Southwood Lane
Suite, Apt. #, etc.

3. Mailing Address
1838 Southwood Lane
Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
Clearwater FL

Zip
33764

Country
USA

Zip
33764

Country
USA

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

STERRETT, CAROL
1838 SOUTHWOOD LANE
CLEARWATER FL 33764

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.

SIGNATURE *Carl Fromhagen* *Carol Sterrett* 01-06-02
Signature, typed or printed name of registered agent and title (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, 2002 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

TITLE	0	<input type="checkbox"/> Delete
NAME	STERRETT, CAROL	
STREET ADDRESS	1838 SOUTHWOOD LANE	
CITY-ST-ZIP	CLEARWATER FL 33764	
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	CEO	<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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: *Carl Fromhagen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90017 003 ***158.75



DO NOT WRITE IN THIS SPACE

0463104 AV

CR2E034 (9/01)