

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 384851

1. Entity Name

FLYTE AIR CORP.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90059 019 ***150.00

Principal Place of Business

C/O DR. G. LABODA
2844 VALENCIA WAY
FT MYERS FL 33901

Mailing Address

C/O DR. G. LABODA
2844 VALENCIA WAY
FT MYERS FL 33901-6639

2. Principal Place of Business

18735 BASELEG AVE

Suite, Apt. #, etc.

3. Mailing Address

18735 BASELEG AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. FT. MYERS FL

City & State

N. FT. MYERS FL

4. FEI Number

59-1500823

Applied For

Not Applicable

Zip

33917

Country

LEE

Zip

33917

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARZ, BARRY
18735 BASELEG AVE
NORTH FT MYERS FL 33917

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

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

TITLE SD ☐ Delete
NAME POVIA, LAWRENCE
STREET ADDRESS 3434 CLEVELAND AVE
CITY-ST-ZIP FT MYERS, FL 00000

TITLE PD ☐ Delete
NAME LABODA, GERALD
STREET ADDRESS 2844 VALENCIA WAY
CITY-ST-ZIP FT MYERS, FL 00000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/00 949368107

CR2E034 (9/99)