

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 646514

1. Entity Name

MIRACLE STRIP AVIATION, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90156 012 ***150.00

Principal Place of Business

Mailing Address

1001 AIRPORT RD.
DESTIN FL 32541
US

P. O. BOX 159
DESTIN FL 32540-0159
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

59-1952469

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

BRIGMAN, WALTER M.
DESTIN-FT. WALTON BEACH AIRPORT
DESTIN FL 32541

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME BECK, JAMES W
STREET ADDRESS 308 SPRING LANE
CITY-ST-ZIP DESTIN, FL 00000

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

TITLE D ☐ Delete
NAME VAN ATTA, LEON
STREET ADDRESS 749 SPRING LANE
CITY-ST-ZIP DESTIN FL

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

TITLE V ☐ Delete
NAME SNODGRASS, JOSEPH
STREET ADDRESS 191 W WILDBRIAR RD
CITY-ST-ZIP SANTA ROSA BCH, FL 00000

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

TITLE PD ☐ Delete
NAME BRIGMAN, WALTER M
STREET ADDRESS 846 TROPIC AVE
CITY-ST-ZIP FT WALTON. BCH, FL 00000

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

TITLE ST ☐ Delete
NAME SWINARSKI, ANNE C
STREET ADDRESS 302 WOODLAND AVNUE
CITY-ST-ZIP MARY ESTHER, FL 00000

TITLE ☐ Change ☐ Addition
NAME ST SWINARSKI, ANNE C
STREET ADDRESS 311 WOODLAND AVENUE
CITY-ST-ZIP MARY ESTHER, FL

TITLE D ☐ Delete
NAME VAN ATTA, C F
STREET ADDRESS 407 SPRING LANE
CITY-ST-ZIP DESTIN, FL 32540

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne C. Swinarski 28 MAR 00 850 837-6135

Date

Daytime Phone #

CR2E034 19/99