

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 646514

1. Entity Name
MIRACLE STRIP AVIATION, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90002 034 ***150.00

Principal Place of Business

Mailing Address

1001 AIRPORT RD.
DESTIN FL 32541
US

P. O. BOX 159
DESTIN FL 32540
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1952469

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2001 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

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

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 FL

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME VAN ATTA, C. F.
STREET ADDRESS 35 WAYNEL CIRCLE, SE
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

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:

Anne C. Swinarski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne C. Swinarski

18 Apr 01

850 837-6135

Date

Daytime Phone #

CR2E034 (10/00)