

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90200 004 ***150.00

DOCUMENT # 669320

1. Entity Name
MID-FLA. AIR SYSTEMS, INC.



Principal Place of Business
**1919 SYCAMORE DRIVE
ORLANDO FL 32803**

Mailing Address
**1919 SYCAMORE DRIVE
ORLANDO FL 32803**



2. Principal Place of Business

3. Mailing Address

1919 Sycamore Dr.
Suite, Apt. #, etc.

1919 Sycamore Dr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number **59-1995113**

Applied For
Not Applicable

Zip **32789** Country **Orange**

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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

**MCCONNELL III, FRANK G.
1919 SYCAMORE DRIVE
ORLANDO FL 32803**

Name **FRANK G. McConnell III**
Street Address (P.O. Box Number is Not Acceptable)
1919 Sycamore Dr.
City **Winter Park FL** Zip Code **32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Frank G. McConnell III** **Frank G. McConnell III** **4-8-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCONNELL, FRANK G III	
STREET ADDRESS	1919 SYCAMORE DR	
CITY-ST-ZIP	ORLANDO, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank G. McConnell III** **Frank G. McConnell III** **4-8-03** **(407) 444-7702**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)