

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
 05-30-2002 91589 010 ****61.25

DOCUMENT # 725688

1. Entity Name

FLOTILLA 44, INCORPORATED

Principal Place of Business

401 S. BEACH ST
 U.S.C.G. AUXILIARY BLDG.
 DAYTONA BEACH FL 32114
 US

Mailing Address

C/O W.J. HALL
 P O BOX 261
 ORMOND BCH FL 32175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

(Same as

Suite, Apt. #, etc.

above)

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7346875

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

HALL, W. JAMES
20 TOMOKA AVE
ORMOND BCH FL 32174

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
 NAME **ROBINSON, STUART A**
 STREET ADDRESS **134 BELLEVILLA AVENUE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119-2202**

TITLE **P** ☐ Change ☐ Addition
 NAME **SANDRA R. SERDAR**
 STREET ADDRESS **586 S. RIDGEWOOD AVE.**
 CITY-ST-ZIP **ORMOND BEACH, FL - 32174**

TITLE **VP** ☒ Delete
 NAME **HODEL, WILLIAM T**
 STREET ADDRESS **2283 S PALMETTO STREET**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119-3007**

TITLE **VP** ☒ Change ☐ Addition
 NAME **HODEL, WILLIAM T.**
 STREET ADDRESS **721 SO. BEACH ST.**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **T** ☐ Delete
 NAME **HALL, JAMES W**
 STREET ADDRESS **20 TOMEKE AVENUE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ Change ☐ Addition
 NAME **JAMES A. MCKIRDY**
 STREET ADDRESS **2362 MELONIE TRAIL**
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168-9221**

TITLE **D** ☐ Delete
 NAME **BAUM, GERALD E**
 STREET ADDRESS **1244 S. PENINSULA DR., #116**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **S** ☐ Change ☐ Addition
 NAME **DOLLY A. DWYER**
 STREET ADDRESS **12 CEDAR FALLS DR.**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174-8280**

TITLE **D** ☒ Delete
 NAME **DOLHEY, FRANK**
 STREET ADDRESS **12 CEDAR FALLS DRIVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32127-8042**

TITLE **D** ☒ Change ☐ Addition
 NAME **FRANK DOLNEY**
 STREET ADDRESS **4621 SO. ATLANTIC AV. (APT. 7202)**
 CITY-ST-ZIP **PONCE INLET, FL 32127-8042**

TITLE **D** ☐ Delete
 NAME **MORRISON, JULIAN K III**
 STREET ADDRESS **16 SUMMER TREES ROAD**
 CITY-ST-ZIP **DAYTONA BEACH FL 32124-7506**

TITLE ☐ Change ☐ Addition
 NAME
 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 617, 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:

W. James Hall (W. James Hall)

23 April, 2002

386-
 6724512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)