

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 08, 2002 8:00 am  
Secretary of State

02-08-2002 90015 016 \*\*\*\*\*70.00

DOCUMENT # 735885

1. Entity Name

BRANDON MODEL FLYERS, INCORPORATED

Principal Place of Business

Mailing Address

JAMES F. MAROCKI  
6903 N. RIVER BLVD  
TAMPA FL 33604  
US

JAMES F MAROCKI  
6903 N RIVER BLVD  
TAMPA FL 33604  
US

2. ~~13021 Saint Filagree~~  
~~Edward M. Brown~~  
Suite, Apt. #, etc.

3. Mailing Address  
13021 Saint Filagree Dr  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Riverview, FL

City & State  
Riverview, FL

4. FEI Number 59-1789103

Applied For  
Not Applicable

Zip Country  
33569 USA

Zip Country  
33569 USA

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

MAROCKI, JAMES F  
6903 N RIVER BLVD  
TAMPA FL 33604

Name  
Edward M. Brown  
Street Address (P.O. Box Number is Not Acceptable)  
13021 Saint Filagree Dr.  
City  
Riverview, FL Zip Code  
33569

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 Edward M. Brown Edward M. Brown 1/20/02  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PEREZ, ROLANDO<br>1106 HULL AVE<br>SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ZANER, JEFF<br>1405 CLOVEFIELD DRIVE<br>BRANDON FL 33511 <input checked="" type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MAROCKI, JAMES F<br>6903 N RIVER BLVD<br>TAMPA FL 33604 <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COOPER, WILLIAM A<br>6004 FRANCIS DRIVE<br>APOLLO BEACH FL 33572 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GAROUTTE, WARREN<br>7340 ROOKS DRIVE<br>WESLEY CHAPEL FL 33544 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NOYOLA, ROLAND<br>6008 FRANCIS DRIVE<br>APOLLO BEACH FL 33572 <input type="checkbox"/> Delete             |

|                                                |                                                                                                                                                      |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Edward M. Brown<br>13021 Saint Filagree Dr.<br>Riverview, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Bob Walden<br>13316 Raulerson Rd.<br>Doover, FL 33527 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>Dustin Kerr<br>102 Windy Pl.<br>Brandon FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |

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: Edward M. Brown Edward M. Brown 1/20/02 672-8744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)