آگ	UNIFORM BUS	INESS REPO	RT (	(UBR)					
	JMENT # 759035					:: 41 4	T #:		
1. Entity-Name					FILED SEURETARY OF STATE SEVISION OF CORPORATIONS				
CENTRAL FLORIDA FLYRODDERS, INC.					HIVISION OF CORPORATIONS				
Principal Pla	ice of Business	Mailing Address			4	01 JUL 18	PM I:	19	
,	ENGLAND AVE.	315 E. NEW ENGLAND AVE.	<u>.</u>						
P.O. BOX 940	0	P.O. BOX 940 WINTER PARK FL 32789	•		}				
WINTER PARI	N FL 32/03	WINIER FARK PL 32703					: H	H BERN BERN B	
2. Principal I	Place of Business	3. Mailing Address		10 )					
106. Suite, Apt	3C   - 1   1 - 2   1   0   0   1   0	10629 5+00 Suite, Apt. #, etc.	2) 40 C	a row		DO NOT-WRIT	'E IN THIS S	PACE I	سانعا
Juite, Apt	μ, π, στο.	ound, Apr. #, dtd.			05-11		910		\$61-25
City & Sta	ando, FL	Orlando, F	<b>Z</b> L		4. FE! Numbe	59-1950284		<b> </b>	pplied For lot Applicable
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		\$8.75 Ad	Iditional
3281	6. Name and Address of Current	Registered Agent	<u> </u>	)5	7. Name and	Address of New R	, <u>.</u>	Fee Require	<del></del>
	VI Tallito UTI I Tallito VI Tallito			Name					
FRANCESCHINA, GORDON 315 EAST NEW ENGLAND AVENUE			<u> </u>	Street Address	(P.O. Box Numbe	er is Not Acceptable	)		
			F		<del>. ,</del>				
WINTER I	PARK FL		-	City			FL	Zip Coc	de
R The above	e named entity submits this statement for	office or registe	red agent or bot	h in the state of Flo		1			
<b>5.</b> 1116 above	TIERRO CITAL CONTROL OF	the purpose of origing nerv	9,0,0,0		<b>-</b>	.,			
CICMATURE									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered A	gent signature require	d when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered agent a					Make	i de la company	evahla tr	
SIGNATURE		9. Election Campaign F Trust Fund Contributi	inancing	\$5.0	d when reinstating)  O May Be d to Fees		Check P		
de C	Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contribut	inancing	\$5.0 Adde	00 May Be d to Fees	Dej	Check P	of State	
	Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contribut	inancing	\$5.0 Adde	00 May Be d to Fees ADDITIONS/CHA	Dej	Check P	of State	
10. TITLE NAME	FILE NOW: FEE IS \$61.25  OFFICERS AND DIR PD BARSON, DAVID	9. Election Campaign F Trust Fund Contribut	Financing tion.  11.  TITLE NAME	\$5.0 Adde	00 May Be d to Fees ADDITIONS/CHA	Dej ANGES TO OFFICER	Check P	of State	N 10
10.	FILE NOW: FEE IS \$61.25  OFFICERS AND DIR PD BARSON, DAVID 3371 SANDY SHORE LANE	9. Election Campaign F Trust Fund Contribut	Financing tion.  11.  TITLE NAME	\$5.0 Adde	00 May Be d to Fees ADDITIONS/CH/ Todes, Jos	anges to officer eon re Ave.	Check P	of State	N 10
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FILE NOW: FEE IS \$61.25  OFFICERS AND DIR  PD BARSON, DAVID 3371 SANDY SHORE LANE KISSIMMEE FL 34743  V DONOGHUE, DONALD	9. Election Campaign F Trust Fund Contribut	Tinancing tion.  11.  TITLE NAME STREET / CITY-ST TITLE NAME	ADDRESS ADDRES	ADDITIONS/CHAPACES, Joseph Condo, For Lake State	ANGES TO OFFICER  EQUA  TE AVE.  32812  ACK.	Check P	of State  ECTORS IN  Change	N 10 Addition
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indicated on this report or supplied with this hilling does not quality for the exemption stated in Section 119.07(5)(f), Florida Statutes, Tuffner Certify 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: SIGNATURE: SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE AND TYPET OR PRINTED NAME OF SIGNATURE OR DIRECTOR

4/26/01 407-600-8593