

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90162 024 ***150.00

DOCUMENT # F01000000232

1. Entity Name
ROADLESS FLYER LTD. CORP.

Principal Place of Business

**3511 SILVERSIDE RD., SUITE 105
WILMINGTON DE 19810**

Mailing Address

**52 LAZY EIGHT DRIVE
DAYTONA BEACH FL 32124**

2. Principal Place of Business

1765 BAYVIEW DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1765 BAYVIEW DRIVE

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

City & State

NEW SMYRNA BEACH, FL

4. FEI Number

59-3679151

Applied For

Not Applicable

Zip

32168

Country

USA

Zip

32168

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLARY, SHERI L
52 LAZY EIGHT DR.
DAYTONA BEACH FL 32124**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1765 BAYVIEW DRIVE

City

NEW SMYRNA BEACH

FL

**Zip Code
32168**

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, 2002 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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CLARY, SHERI L**
CITY-ST-ZIP **52 LAZY EIGHT DR.
DAYTONA BEACH FL 32124**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **CLARY, JAMES K**
CITY-ST-ZIP **52 LAZY EIGHT DR.
DAYTONA FL 32124**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1765 BAYVIEW DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1765 BAYVIEW DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)