## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F22816 DOCUMENT #

1. Entity Name

CONDO HANGARS, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90256 030 \*\*\*150.00

Principal Place of Business 357 TROPICAL AVE. MARATHON FL 33050		Mailing Address 357 TROPICAL AVE, MARATHON FL 33050											
2. Principal Place of Business		3. Mailing Address										1011 111111 1501	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State		City & State				4.	4. FEI Number 59-2193621					oplied For ot Applicable	-
Zip Country		Zip		Country		5.	Certificate of	Status Des	sired		\$8.75 Ad Fee Require		
6. 1	Name and Address of Current	Registered	Agent			7:-	Name and A	ddress of	New Reg	gistered /	gent		-
BRETTMAN, JEA 357 TROPICAL A MARATHON FL	AVE.				Name Street Addre	ss (P.O. I	Box Number i	s Not Acce	ptable)				    -
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					City					FL	Zip Coo	le	-
the obligations of	d entity submits this statement for registered agent.				ed office or regi		·····	in the State	of Flori	da. I am 1	amiliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o		f State					Trust	ion Campa Fund Cont	ribution.		Adde	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTOR	S	11.		A	DDITIONS/C	HANGES T	O OFFIC	ERS AND	DIRECTOR		۽ ا
STREET ÁDDRESS 357	TMAN, JEANNE B FROPICAL AVE. ATHON FL 33050		☐ Delete			,					☐ Change	Addition	F034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete								Change	Addition	CBC
NAME STREET ADDRESS CITY-ST-ZIP			— E Delete								Change -	Addition	-
TITLE NAME STREET ADDRESS CHY-ST-ZIP		8, 30	Delete								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Delete								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STRE	E				- 11		Change	☐ Addition	
· · · · · · · · · · · · · · · · · · ·													1

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:

BIGHABIRBOTHERETEAM B. Brettman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-03

Daytime Phone #