

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J90528

1. Entity Name

GAONA CHARTERS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90253 043 ***150.00

Principal Place of Business

Mailing Address

432 SPADARO DR.
VENICE FL 34285

432 SPADARO DR.
VENICE FL 34285-3333

2. Principal Place of Business

116 Morningside Road
Suite, Apt. #, etc.

3. Mailing Address

116 Morningside Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Venice, FL 34293

City & State

Venice, FL 34293

4. FEI Number

65-0005745

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAONA, MARCO A.
432 SPADARO DR.
VENICE FL 34295

7. Name and Address of New Registered Agent

Name

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

116 Morningside Road

City

Venice

FL

Zip Code

34293

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, 2000 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 **P** ☐ Delete
NAME **GAONA, MARCO**
STREET ADDRESS **432 SPADARO DR.**
CITY-ST-ZIP **VENICE FL 34285**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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 **116 Morningside Road**
CITY-ST-ZIP **Venice, FL 34293**

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

TITLE ☐ Change ☐ Addition
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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 #

2-23-00 941-488-2311

CR2E034 (9/99)