

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90238 015 ***163.75

DOCUMENT # K42586

1. Entity Name

BOCA FLYERS THREE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9100 RED OAK LANE

Suite, Apt. #, etc.

3. Mailing Address

9100 RED OAK LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip 33428

Country

USA

Zip 33428

Country

USA

4. FEI Number

65-0082377

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BECK, LOUIS S.

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

5269 PRINCETON WAY

City

BOCA RATON

FL

Zip Code

33496

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
D GRAFT, JEFF
5269 PRINCETON WAY
BOCA RATON FL 33496

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D BECK, LOUIS S.
5269 PRINCETON WAY
BOCA RATON FL 33496

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D MANAKAS, CHRIS
9100 RED OAK LANE
BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D RUCKER, DAVID W.
561 N. Country Club Dr.
ATLANTA GA

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D LONGHINE, D. WILLIAM
11601 N.W. 33rd St.
CORAL SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Chris Manakas* CHRIS MANAKAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. 04/27/02

Date

Daytime Phone #

CR2E034B (12/01)