

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2002 8:00 am**  
**Secretary of State**

02-15-2002 90020 012 \*\*\*150.00

MASTON AV

**DOCUMENT # K46962**

1. Entity Name  
**COMMANDER AIRWAYS, INC.**

Principal Place of Business

**2450 N. WESTSHORE BLVD.  
 TAMPA FL 33607  
 US**

Mailing Address

**C/O HANNA LEMAR NORRIS CPA'S  
 6508 E. FOWLER AVE  
 TAMPA FL 33602  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0083458**

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

7. Name and Address of New Registered Agent

**OEHLER, HAROLD  
 6130 LAZY DAYS BLVD.  
 TAMPA FL 33606**

Name

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

City

**FL**

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SHAPPEE, H. PEP</b>	
STREET ADDRESS	<b>100 N TAMPA STREET SUITE 3540</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>WALLACE, DONALD W</b>	
STREET ADDRESS	<b>6130 LAZY DAYS BLVD.</b>	
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2450 N. WESTSHORE BLVD.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR, VICE-PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN N. FENTON</b>	
STREET ADDRESS	<b>2450 N. WESTSHORE BLVD.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**1-29-02**

Date

**813-985-1148**

Daytime Phone #

CR2E034 (9/01)