

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90093 005 ****70.00

DOCUMENT # N00000000757

1. Entity Name

LO AND SLO FLYERS OF SOUTH WEST FLORIDA, INCORPORATED

Principal Place of Business

P.O. BOX 510062
 PUNTA GORDA FL 33951

Mailing Address

1790 NEW ST
 NORTH PORT FL 34286

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1689859

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

FURDELL, ROBIN
1704 CASCADE WAY
NO FORT MYERS FL 33917

Name **WARRENA RAHZ**

Street Address (P.O. Box Number is Not Acceptable)
3115 SCENIC VIEW DR

City **PUNTA GORDA**

FL

Zip Code **33950**

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: *Warrena Rahz* **WARRENA RAHZ, VP/D** **1-16-2002**
 Signature, typed or printed name of registered agent and title if applicable. (If not, Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
 NAME **HATFIELD, PATRICIA**
 STREET ADDRESS **215 BELAIRE COURT**
 CITY-ST-ZIP **PUNTA GORDA FL 33951**

TITLE **VP/D** ☐ Change ☒ Addition
 NAME **WARREN RAHZ**
 STREET ADDRESS **3115 SCENIC VIEW DR**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **PD** ☐ Delete
 NAME **ANDERSON, MARCUS**
 STREET ADDRESS **1325 SE 2ND PLACE**
 CITY-ST-ZIP **CAPE CORAL FL 33909**

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

TITLE **VD** ☒ Delete
 NAME **FURDELL, ROBIN**
 STREET ADDRESS **1704 CASCADE WAY**
 CITY-ST-ZIP **NO FORT MYERS FL 33917**

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

TITLE **TD** ☐ Delete
 NAME **PHILBRICK, GLORIA**
 STREET ADDRESS **1790 NEW ST**
 CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **S/T/D** ☒ Change ☐ Addition
 NAME **GLORIA PHILBRICK**
 STREET ADDRESS **1790 NEW ST**
 CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 617, 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: *Gloria Philbrick* **GLORIA PHILBRICK** **1-16-2002** **941-423-0024**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)