NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State
08-06-2002 90132 046 ****61.25

DOCUMENT # N00000002726

1. Entity Name
DeLand Composite Squadron, Inc

DO NOT WRITE IN THIS SPACE

- 41784

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
215 North Kepler Rd	215 N. KEPLER RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELAND FL	City & State: DELAND FL
Zip: 32724 Country: VOLUSIA	Zip: 32724 Country: VOLUSIA

4. FEI Number: 59-3650318 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TARACKA RICHARD J. JR.
Street Address (P.O. Box Number is Not Acceptable): 215 NORTH KEPLER RD
City: DELAND **FL** Zip Code: 32724

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] , RICHARD J TARACKA — 7/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CHECK # 0103
FEE IS $61.25
Initial or Amended UBR

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

TITLE	PRESIDENT
NAME	RICHARD J. TARACKA JR.
STREET ADDRESS	215 N KEPLER RD
CITY-ST-ZIP	DELAND FL 32724
TITLE	VICE PRESIDENT
NAME	HEATHER N TARACKA
STREET ADDRESS	215 N KEPLER RD
CITY-ST-ZIP	DELAND FL 32724
TITLE	SECRETARY
NAME	WILLIAM LATHAM
STREET ADDRESS	~~431 N. MARYDELL AVE~~
CITY-ST-ZIP	DELAND FL 32720
TITLE	TREASURER
NAME	NATHAN UPDIKE
STREET ADDRESS	210 ADDINGTON DR.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] RICHARD J TARACKA — 7/23/02 — 386-740-9497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

* all Vice Presidents