

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004931**

1. Entity Name

PRO-FLIGHT ARCHERS, INC.

Principal Place of Business

Mailing Address

**280 EAST S.R. 434
WINTER SPRINGS FL 32708****280 EAST S.R. 434
WINTER SPRINGS FL 32708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. 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

**DEMUTH, FRED
280 EAST S.R. 434
WINTER SPRINGS FL 32708**

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

**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	P	<input type="checkbox"/> Delete
NAME	NORMAN, DAVID	
STREET ADDRESS	31602 INTERLACHEN DR.	
CITY-ST-ZIP	MT. PLYMOUTH FL 32776	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	KIMBALL, MIKE	
STREET ADDRESS	7542 COMPASS DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colon, Frank	
STREET ADDRESS	300 Sheoah Blvd. #1205	
CITY-ST-ZIP	Winter Springs FL 32708	

TITLE	ST	<input type="checkbox"/> Delete
NAME	WARNER, WALTER	
STREET ADDRESS	390 EL CAMINO REAL	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	OCHS, STACY	
STREET ADDRESS	25332 CARNOUSTIE DRIVE	
CITY-ST-ZIP	MT. PLYMOUTH FL 32776	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	COLON, FRANK	
STREET ADDRESS	300 SHEOAH BOULEVARD, #1205	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HOGABOOM, STEVE	
STREET ADDRESS	5311 PINEVIEW WAY	
CITY-ST-ZIP	APOKA FL 32703	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

3-8-01

407-509-7387



DO NOT WRITE IN THIS SPACE

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