

DOCUMENT# N02000007136

Entity Name: PROPBUSTERS RADIO CONTROL CLUB, INC.

Current Principal Place of Business:

1020 BURRISRIDGE DR
LAKELAND, FL 33809

New Principal Place of Business:**Current Mailing Address:**

1020 BURRISRIDGE DR
LAKELAND, FL 33809

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JEFFREY L
1020 BURRIS RIDGE DR
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date _____

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LESNETT, GLEN
Address: 3114 STRAWBERRY LN
City-St-Zip: LAKELAND, FL 33801

Title: DV () Delete
Name: REMSBERG, MIKE
Address: 3060 TOHO ROAD
City-St-Zip: SAINT CLOUD, FL 34772

Title: DS () Delete
Name: SMITH, JEFFREY
Address: 1020 BURRISRIDGE DR
City-St-Zip: LAKELAND, FL 33809

Title: DT () Delete
Name: LOGUE, JIMMY
Address: 5615 CANVASBACK PLACE
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: SEABO, JIM
Address: 106 LEITHA WAY
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: BOLIG, ANDY
Address: 6532 CREWS LAKE ROAD
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: REMSBERG, MIKE
Address: 3060 TOHO ROAD
City-St-Zip: SAINT CLOUD, FL 34772

Title: DV (X) Change () Addition
Name: LESNETT, GLEN
Address: 3114 STRAWBERRY LANE
City-St-Zip: LAKELAND, FL 33801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY SMITH

DS

04/19/2009

Electronic Signature of Signing Officer or Director

Date _____