2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000002256

MCCARTHY, JOHN

CAPE CORAL, FL

1318 SE 34TH TERR.

Name:

Address:

City-St-Zip:

Entity Name: THE SEVEN FIVE WHISKEY FLYING CLUB, INC.

FILED Apr 07, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 4C/O ANDREW CONLYN 4550 TILTON CT FORT MYERS, FL 33907 **New Mailing Address: Current Mailing Address:** % ANDREW CONLYN PO BOX 3037 PINELAND, FL 33945 FEI Number: 65-0494759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONLYN, ANDREW 4550 TILTON CT FORT MYERS, FL 33907 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CONLYN, ANDREW Name: Name: Address: 4550 TILTON CT. Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CONLYN, VIVIAN Name: Address: 11665 OAKLAND DR. Address: City-St-Zip: BOKEELIA, FL 33922 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREW CONLYN PD 04/07/2003