

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003505

1. Entity Name

MISSIONAIR, INC.

Principal Place of Business

150 S ROMA WAY
KISSIMMEE FL 34746
US

Mailing Address

PO BOX 1379
KISSIMMEE FL 34742-1379
US

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

59-3044461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELMER, ROBERT M
150 S ROMA WAY
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name

Helmer, Sandra L

Street Address (P.O. Box Number is Not Acceptable)

150 S Roma Way

City

Kissimmee

FL

Zip Code

34746

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

Sandra L. Helmer, President
Signature, typed or printed name of registered agent and title if applicable.
Sandra L. Helmer

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, ANDY J.	
STREET ADDRESS	PO BOX 670	
CITY-ST-ZIP	NEWTON AL 36352	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HELMER, ROBERT M	
STREET ADDRESS	150 S ROMA WAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELMER, SANDRA L	
STREET ADDRESS	150 S ROMA WAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Janis	
STREET ADDRESS	2001 Garandada Blvd.	
CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Sandra L. Helmer, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

407-397-1109

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

UNIFORM