

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90457 004 \*\*\*\*61.25

**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**

**55042252**



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**HELMER, ROBERT M  
150 S ROMA WAY  
KISSIMMEE FL 34746**

Name **Sandra L. Helmer**  
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. I am familiar with, and accept the obligations of registered agent.

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

Sandra L Helmer  
(NOTE: Registered Agent signature required when reinstating)

4/26/03  
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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **(D) Vice President** ☐ Delete  
NAME **WOOD, ANDY J.**  
STREET ADDRESS **PO BOX 670**  
CITY-ST-ZIP **NEWTON AL 36352**

TITLE **D** ☒ Delete  
NAME **HELMER, ROBERT M**  
STREET ADDRESS **150 S ROMA WAY**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **(D) President** ☐ Delete  
NAME **HELMER, SANDRA L**  
STREET ADDRESS **150 S ROMA WAY**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Jane Smith** ☐ Change ☒ Addition  
NAME **Jane Smith**  
STREET ADDRESS **2001 Granada Blvd**  
CITY-ST-ZIP **Kissimmee, FL 34743** Director

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 4/26/03 (407)397-1109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)