

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90099 042 ****61.25

DOCUMENT # N97000004107

1. Entity Name

WRIGHT FLIGHT OF FLORIDA, INC.



Principal Place of Business

**2890 BORMAN CT
DAYTONA BEACH FL 32128**

Mailing Address

**2890 BORMAN CT
DAYTONA BEACH FL 32128**

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 **59-3468223**

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

**DAVIS, ANNE T
3700 SOUTH OCEAN BLVD
#607
HIGHLAND BEACH FL 33487**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **CUMMOCK, DAVID R**
STREET ADDRESS **2890 BORMAN CT**
CITY-ST-ZIP **DAYTONA BEACH FL 32128**

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

TITLE **DT** ☐ Delete
NAME **COUNCILL, JAMES W**
STREET ADDRESS **103 ALANWOOD DR**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **DS** ☐ Delete
NAME **CUMMOCK, MARGUERITE H**
STREET ADDRESS **2890 BORMAN CT**
CITY-ST-ZIP **DAYTONA BEACH FL 32128**

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

TITLE **D** ☒ Delete
NAME **ROBARDS, PATRICIA**
STREET ADDRESS **103 MEADOWBROOK CIRCLE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Lynn, Patricia**
CITY-ST-ZIP **103 Meadowbrook Circle**
Daytona Beach, FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6cbu03 386-760-7142

CR2E037 (10/02)

Attachment # N9700000 4/07

#10 Name Change
only - This is
The same
person