

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90283 016 \*\*\*150.00

**DOCUMENT # P00000001253**

1. Entity Name  
**BRAVO AIRLINES, INC.**

Principal Place of Business

**145 MARINA DEL REY CT  
 CLEARWATER FL 33767**

Mailing Address

**145 MARINA DEL REY CT  
 CLEARWATER FL 33767**

2. Principal Place of Business

**3471 So. Roosevelt Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address

**2790 Nautilus Dr**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Key west, FL**

City & State

**Avon Park, FL**

4. FEI Number

**62-1806211**

Applied For

Not Applicable

Zip

**33040**

Country

**Monroe**

Zip

**33825**

Country

**Highland**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RICHARDS, PAUL E  
 145 MARINA DEL REY COURT  
 CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

Name **Richards, Paul E.**

Street Address (P.O. Box Number is Not Acceptable)  
**2790 Nautilus Dr.**

City **Avon Park**

**FL**

Zip Code

**33825**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **RICHARDS, PAUL E**  
 STREET ADDRESS **145 MARINA DEL REY COURT**  
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **ST** ☐ Delete  
 NAME **RICHARDS, BLIN D**  
 STREET ADDRESS **800 FRIENDSHIP ROAD NORTH**  
 CITY-ST-ZIP **AFTON TN 37616**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

**Blin Richards CFO 4/30/02 423 787 7488**

CR2E034 (9/01)