

# 603 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016784

Entity Name  
RLDWDIE AVIATION INC.



**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90034 009 \*\*\*150.00

Principal Place of Business  
1825 TAMiami TRAIL. A6-165  
PORT CHARLOTTE FL 33948

Mailing Address  
1825 TAMiami TRAIL. A6-165  
PORT CHARLOTTE FL 33948



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0987714

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ADAMS, LYNDIA  
1250 HILLCREST AVE.  
PORT CHARLOTTE FL 33948

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

9 Apr 2003

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TRES  
FREEMAN, NICHOLAS A  
1825 TAMiami TRAIL A6-165  
PORT CHARLOTTE FL 33948

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TRES Lynda Adams  
Lynda Adams  
1825 Tamiami Tr A6-165  
Port Charlotte FL 33948

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PRES  
ADAMS, LYNDIA S  
1825 TAMiami TRAIL A6-165  
PORT CHARLOTTE FL 33948

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP  
Adams, Lynda S  
1825 Tamiami Tr A6-165  
Port Charlotte FL 33948

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP  
VERMAST, PAUL A  
1825 TAMiami TRAIL A6-165  
PORT CHARLOTTE FL 33948

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP  
Adams, Lynda S  
1825 Tamiami Tr A6-165  
Port Charlotte FL 33948

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
SEC  
ADAMS, LYNDIA S  
1825 TAMiami TRAIL A6-165  
PORT CHARLOTTE FL 33948

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP  
Adams, Lynda S  
1825 Tamiami Tr A6-165  
Port Charlotte FL 33948

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE  
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 607, 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

Date

Daytime Phone #

CR2E034 (10/02)