

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108953

1. Entity Name  
SOUTHERN LADY AVIATION, INC.

Principal Place of Business

~~3434~~ AIRFIELD DR W  
LAKELAND FL 33811

Mailing Address

~~3434~~ AIRFIELD DR W  
LAKELAND FL 33811

2. Principal Place of Business

3454 Airfield Dr. W.  
Suite, Apt. #, etc.  
Ste. 2

City & State  
Lakeland FL

Zip Country  
33811 US

3. Mailing Address

3454 Airfield Dr. W.  
Suite, Apt. #, etc.  
Ste. 2

City & State  
Lakeland FL

Zip Country  
33811 US

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90047 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

☐ Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, DALE  
3730 CLEVELAND HEIGHTS BLVD  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

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.

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Georgia Collis Bull
STREET ADDRESS	4524 Nunnswood Ln.
CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP/D William B. Bull
STREET ADDRESS	3454 Airfield Dr. W., Ste. 2
CITY-ST-ZIP	Lakeland, FL 33811
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	

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:

*William B. Bull*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0122807 AT

CR2E034 (5/01)