

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90769 028 ***150.00

DOCUMENT # P00000117433

1. Entity Name
CADMAR AEROSPACE, INC.



Principal Place of Business
1927 SW PINE ISLAND RD.
CAPE CORAL FL 33991

Mailing Address
1927 SW PINE ISLAND RD.
CAPE CORAL FL 33991

2. Principal Place of Business

1006 SE 9TH ST

3. Mailing Address

1006 SE 9TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

4. FEI Number **65-1070066**

Applied For

Not Applicable

Zip
33990

Country
LEE

Zip
33990

Country
LEE

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

DUNDORE, THOMAS

3021 SE 18TH PL. 1006 SE 9TH ST

CAPE CORAL FL 33904 33990

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 \$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 **PT** ☐ Delete
NAME **DUNDORE, THOMAS**
STREET ADDRESS **3021 SE 18TH PL.**
CITY-ST-ZIP **CAPE CORAL FL 33904**

☒ Change ☐ Addition
TITLE
NAME **1006 SE 9TH ST**
STREET ADDRESS **CAPE CORAL, FL**
CITY-ST-ZIP **33990**

TITLE **VS** ☐ Delete
NAME **DUNDORE, YVONNE**
STREET ADDRESS **3021 SE 18TH PL.**
CITY-ST-ZIP **CAPE CORAL FL 33904**

☒ Change ☐ Addition
TITLE
NAME **1006 SE 9TH ST**
STREET ADDRESS **CAPE CORAL, FL**
CITY-ST-ZIP **33990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03

Date

Daytime Phone #

CR2E034 (10/02)