

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90154 039 ***158.75

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DOCUMENT # P01000061080

1. Entity Name
FRESH FLIGHT DEVELOPMENT, INC.



Principal Place of Business
308 E 7TH AVE
TAMPA FL 33602

Mailing Address
308 E 7TH AVE
TAMPA FL 33602

2. Principal Place of Business
400 E. M.L. KING BLVD

3. Mailing Address
P.O. Box 360035

Suite, Apt. #, etc.
SUITE #103

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33603

Country
USA

Zip
33673

Country
USA

4. FEI Number **59-3726480**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

KELLEY, MICHAEL F
308 E 7TH AVE
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

400 E. M.L. KING BLVD

SUITE #103

City
TAMPA

FL

Zip Code
33603

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 *Michael F. Kelley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **HOSTETTLER, STEPHEN J JR**
STREET ADDRESS **2502 MIDWAY RD**
CITY-ST-ZIP **DECATUR GA 30030**

TITLE ☒ **Change** ☐ **Addition**
NAME **4642 E. DON JOSE DR**
STREET ADDRESS **TUCSON AZ 85718**
CITY-ST-ZIP

TITLE **V** ☐ **Delete**
NAME **CARDUCCI, MICHAEL J**
STREET ADDRESS **1427 CLARION DR**
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **V** ☐ **Delete**
NAME **KELLEY, MICHAEL F**
STREET ADDRESS **430 COLUMBIA DR**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **V/S/T** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ **Delete**
NAME **ST**
STREET ADDRESS **HAMBERG, JOYCE M**
CITY-ST-ZIP **3908 ARLINGTON AVE**
TAMPA FL 33603

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

Michael F. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

(813) 232-1997

Daytime Phone #

CR2E034 (10/02)