

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90150 025 ***150.00

DOCUMENT # P01000108480

1. Entity Name
OKEECHOBEE AIRCRAFT, INC.

Principal Place of Business

**17450 THUNDER RD.
 JUPITER FL 33478**

Mailing Address

**17450 THUNDER RD.
 JUPITER FL 33478**

2. Principal Place of Business

2810 NW 40th TRAIL
 Suite, Apt. #, etc.

3. Mailing Address

2810 NW 40th TRAIL
 Suite, Apt. #, etc.

City & State

OKEECHOBEE, FL

City & State

OKEECHOBEE, FL

4. FEI Number

Applied for

☒ Applied For

☐ Not Applicable

Zip Country
34972 OKEECHOBEE 34972 OKEECHOBEE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCINTYRE, WILLIAM C
 3501 SW CORPORATE PKWY.
 PALM CITY FL 34990**

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 \$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 ☐ Delete
 NAME **D ROGERS, RANDALL**
 STREET ADDRESS **17450 THUNDER RD.**
 CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☐ Delete
 NAME **D ROGERS, MARY D**
 STREET ADDRESS **17450 THUNDER RD.**
 CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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 **ROGERS, RANDALL**
 STREET ADDRESS **4232 SW 16th ST.**
 CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE ☒ Change ☐ Addition
 NAME **ROGERS, MARY D**
 STREET ADDRESS **4232 SW 16th ST**
 CITY-ST-ZIP **OKEECHOBEE, FL 34974**

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

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

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

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: _____

Conrad J. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/02 (863) 824-0225

CR2E034 (9/01)