

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90129 015 ***150.00

0503841 AV

DOCUMENT # P01000118925

1. Entity Name
FUN FLIGHT AVIATION, INC.



Principal Place of Business
**5300 S. FLORIDA AVE.
LAKELAND FL 33813**

Mailing Address
**C/O WENDEL & CHRITTON, CHARTERED
PO BOX 5378
LAKELAND FL 33807**



2. Principal Place of Business
931 DREXEL AV NE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 282
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
WINTER HAVEN FL

City & State
WINTER HAVEN, FL

4. FEI Number
80-0023598

Applied For
Not Applicable

Zip
33881 Country
USA

Zip
33882 Country
USA

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

**WENDEL, JOHN F
WENDEL & CHRITTON, CHARTERED
5300 S. FLORIDA AVE.
LAKELAND FL 33813**

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 _____ (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

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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: **Ralph R. Seckinger (President)**

4-11-2003 863-294-3424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)