

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90189 049 ***150.00

DOCUMENT # *P0100012/031*

1. Entity Name

FLIGHTLINE OF SANFORD, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

125 MONROE ROAD

Suite, Apt. #, etc.

3. Mailing Address

125 MONROE ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SANFORD FL

City & State

SANFORD FL

4. FEI Number

01-0554627

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

32771

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANNE S. SMITH

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

11104 PLANTATION LAKES CIRCLE

City

SANFORD

FL

Zip Code

32771

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

PRESIDENT

NAME

ANNE S. SMITH

STREET ADDRESS

11104 PLANTATION LAKES CIRCLE

CITY - ST - ZIP

SANFORD FL 32771

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

ANNE S. SMITH

SIGNATURE: *Anne S. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)