

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2003 8:00 am**  
**Secretary of State**

09-17-2003 90020 030 \*\*\*558.75

DOCUMENT # **P02000011153**

1. Entity Name  
**LIGHTNING AIR, INC.**



Principal Place of Business  
**2409 53RD AVENUE WEST  
BRADENTON FL 34207**

Mailing Address  
**2409 53RD AVENUE WEST  
BRADENTON FL 34207**

2. Principal Place of Business  
**2409 53RD AVE WEST**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 10265**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**BRADENTON FL**

City & State  
**BRADENTON FL**

☒ Applied For  
☐ Not Applicable

Zip  
**34207**

Country  
**MINNATEL**

Zip  
**34282**

Country  
**MINNATEL**

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

6. Name and Address of Current Registered Agent

**LINGLE, DARRELL D SR  
802 49TH A AVENUE EAST  
BRADENTON FL 34203**

7. Name and Address of New Registered Agent

Name **BRYAN KELLY LINGLE SR**  
Street Address (P.O. Box Number is Not Acceptable)  
**ED. 2409 53RD AVE WEST**  
City **BRADENTON** FL Zip Code **34207**

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 *Bryan K Lingle Sr*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**9-1-03**  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D LINGLE, BRYAN**  
**2409 53RD AVENUE WEST**  
**BRADENTON FL 34207** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Bryan K Lingle Sr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-1-03** **(941) 812-3449**  
Date Daytime Phone #

CP2E034 (4/03)