

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90210 035 ***150.00

DOCUMENT # P02000085683

1. Entity Name
FLYING MACHINES SOUTH, INC.



Principal Place of Business
**8727 SW 72ND AVE.
OCALA FL 34472**

Mailing Address
**8727 SW 72ND AVE.
OCALA FL 34472**

10000613



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
8727 SE 72nd Ave
Suite, Apt. #, etc.

3. Mailing Address
8727 SE 72nd Ave
Suite, Apt. #, etc.

City & State
Ocala Fla.
Zip
34472
Country
Marion

City & State
Ocala, FLA.
Zip
34472
Country
Marion

4. FEI Number
01-0739459
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, ARTHUR G
8727 SW 72ND AVE.
OCALA FL 34472**

7. Name and Address of New Registered Agent

Name
Miller Arthur G.
Street Address (P.O. Box Number is Not Acceptable)
8727 SE 72nd Ave
City
Ocala **FL** Zip Code
34472

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ARTHUR G 8727 SW 72ND AVE. OCALA FL 34472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 officers empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 **352-245-8440**
Date Daytime Phone #

CR2E034 (10/02)