

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013339

1. Entity Name

BAYSHORE COMANCHE FLYERS, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90313 011 ***150.00

Principal Place of Business

5503 W WATERS AVE SUITE 505
TAMPA FL 33634

Mailing Address

5503 W WATERS AVE SUITE 505
TAMPA FL 33634-1232

2. Principal Place of Business

98 Nature's Trail

Suite, Apt. #, etc.

3. Mailing Address

98 Nature's Trail

Suite, Apt. #, etc.

City & State

Safety Harbor FL

City & State

Safety Harbor FL

Zip

34695

Country

USA

Zip

34695

Country

USA

4. FEI Number

65-0473856

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRAAKSMA, HAROLD
5503 W WATERS AVE SUITE 505
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name David W Hicks

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

98 Nature's Trail

City

Safety Harbor

FL

Zip Code

34695

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 David W. Hicks

David W Hicks

04-28-00

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	BRAAKSMA, HAROLD	
STREET ADDRESS	5503 W WATERS AVE SUITE 505	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HICKS, DAVID W	
STREET ADDRESS	5503 W WATERS AVE SUITE 505	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David W Hicks

04-28-00 727 669 8829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)