## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P94000063971

1. Entity Name MONROE'S FLYING SERVICE, INC.



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

04-16-2003 90242 003 \*\*\*150.00

				7			
Principal Place of Business 385 PERTHSHIRE DR ORANGE PARK FL 32073		Mailing Address 385 PERTHSHIRE DR ORANGE PARK FL 32073	<u> </u>				
OTANGE TAIL	N PL SESTO	OTHINGE I HIN TE GEOTO		I IBBILERI ING IRAN BIRNI BENK BRIK KRISH BRIK BRIK	<b></b>	AAAA (AAA)	
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKIN	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3267574	<del></del>	oplied For ot Applicable	
Zip Country		Zip	Country	5: Certificate of Status Desired	\$8.75 Add Fee Required	litional d	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered	l Agent		
Str. Comments			Name	Name			
Monroe, William H 385 Perthshire Dr			Street Address	s (P.O. Box Number is Not Acceptable)			
ORANGE PARK FL 32073							
			City	FI	L Zip Code	e	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or regist	tered agent, or both, in the State of Florida. I am	ı familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating) DATE		<del></del>	
	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing		0 May Be	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						to Fees	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	3 IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS	Monroe, William H. 385 Perthshire Dr		NAME STREET ADDRESS				
CITY-ST-ZIP	ORANGE PARK FL		CITY-ST-ZIP			{	
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			{	
CITY-ST-ZIP			CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			1	
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME CARSET ADORESS			ĺ	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			}	
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
12. I hereby c	ertify that the information supplied with the	nis filing does not qualify for t	he exemption stated in S	Section 119.07(3)(i). Florida Statutes. I further ce	ertify that the in	formation	

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: J

INWE REQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904) 272-8988