## 2002 Uniform Business Report (UBR)

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## Mar 26, 2002 8:00 am Secretary of State P96000018324 DOCUMENT # AVON PARK JET CENTER INC. 03-26-2002 90032 046 \*\*\*150.00 Principal Place of Business Mailing Address 1545 STATE ROAD 64 WEST 1545 STATE ROAD 64 WEST AVON PARK FL 33825 **AVON PARK FL 33825** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0649616 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 20 9 E FAVERO, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1545 STATE RD. 64 WEST **AVON PARK FL 33825** 545 STATE RD. 64 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ☐ Change Addition TITLE GEORGE C. POPE FAVERO, WILLIAM NAME NAME 4601 DUFFER LOOP 2394 SW KOCH RD STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY-ST-7IP CITY-ST-ZIP BEBRING TITLE Delete TITLE VS Change Addition FAVERO, PATSY L NAME NAME CONDIE H. 2394 SW KOCH RD STREET ADDRESS STREET ADDRESS 4601 DUFFERELOOP === ARCADIA FL 34266 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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

FILED