

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90314 027 ***150.00

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DOCUMENT # P96000023715

1. Entity Name
MID-FLORIDA EXPERIMENTAL AIRCRAFT SALES, INC.



Principal Place of Business
**2001 BRINSON RD UNIT 305
LUTZ FL 33558**

Mailing Address
**?2001 BRINSON RD UNIT 305
LUTZ FL 33558**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0648270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHEURER, ROBERT L
2001 BRINSON RD UNIT 305
LUTZ FL 33558**

Name

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

City

FL

Zip Code

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 Robert L Scheurer (NOTE: Registered Agent signature required when reinstating) 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 **D** ☐ Delete
NAME **SCHEURER, ROBERT L**
STREET ADDRESS **2001 BRINSON UNIT 305**
CITY-ST-ZIP **LUTZ FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: Robert L Scheurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Sept 2003
Date

(813) 949-5431
Daytime Phone #

CR2E034 (4/03)

Attachment
80145824
PA6000023715

Mid-Florida Experimental Aircraft Sales Inc.
Robert L. Scheurer
2001 Brinson Rd. #305
Lutz, FL 33558

I hereby request a waiver of the late filing fee under the provisions of item (1) of the FAQ. I am enclosing a check for \$150 as required by the 2003 Uniform Business Report. As an officer of this corporation I stipulate that no prior notification has been received. There have been no changes in the information since the previous submittal.



Robert L. Scheurer

Registered Agent
Mid Fla. A/C Sales Inc