

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90179 038 ***150.00

DOCUMENT # P96000089830

1. Entity Name

AESIR MANAGEMENT, INC.

Principal Place of Business

Mailing Address

26880 WEDGEWOOD DRIVE
UNIT 403
BONITA SPRINGS FL 34134

26880 WEDGEWOOD DRIVE
UNIT 403
BONITA SPRINGS FL 34134-2673

AU013763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3430086

Not

5. Certificate of Status Desired

☐

\$8.75

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWAN, CHARLES W JR
26880 WEDGEWOOD DR
UNIT 403
BONITA SPRINGS FL 34134

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.

SIGNATURE

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
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHULER, MILDRED E
~~27013 SHELL RIDGE CIR~~
BONITA SPRINGS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change
27221 HIDDEN RIVER COURT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWAN, CHARLES W JR
26880 WEDGEWOOD DR, UNIT 403
BONITA SPRINGS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BODDEFF, MARJORIE J
11 LAKE JULIA DR S
PONTE VEDRA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change
BODDEFF

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLER, ROBERTA L
~~116 LAKE JULIA DR S~~
PONTE VERDA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change
116 LAKE JULIA DRIVE NORTH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change

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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles W. Swan, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-2000

Date

941 475

Daytime Phone #