

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

796006009830

1. Entity Name

AESIR MANAGEMENT, INC.

FILED

May 15, 2001 8:00 am
Secretary of State

05-15-2001 90164 026 ***150.00

Principal Place of Business

Mailing Address

26880 WEDGEWOOD DRIVE
UNIT 403
BONITA SPRINGS, FL 34134

✓ SAME
FOR
BOTH

2. Principal Place of Business

4731 BONITA BAY BLVD

3. Mailing Address

4731 BONITA BAY BLVD

Suite, Apt. #, etc.

1503 HORIZONS

Suite, Apt. #, etc.

1503 HORIZONS

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS FL

4. FEI Number

59-3430086

Applied For

Not Applicable

Zip

34134

Country

Zip

34134

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0067024

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name (ADDRESS CHANGE ONLY)

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

4731 BONITA BAY BLVD

1503 HORIZONS

City BONITA SPRINGS

FL

Zip Code

34134

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, 2001 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	D	NAME	SCHULER, MILDRED E	☒ Delete
STREET ADDRESS			27013 SHELL RIDGE CIR	
CITY-ST-ZIP			BONITA SPRINGS, FL	
TITLE	D	NAME	SWAN, CHARLES W. JR.	☐ Delete
STREET ADDRESS			26880 WEDGEWOOD DR, UNIT 403	
CITY-ST-ZIP			BONITA SPRINGS FL	
TITLE	D	NAME	BODDORFF, MARJORIE J.	☒ Delete
STREET ADDRESS			11 LAKE JULIA DRIVE SOUTH	
CITY-ST-ZIP			PONTE VEDRA, FL	
TITLE	D	NAME	MILLER, ROBERTA L.	☒ Delete
STREET ADDRESS			118 LAKE JULIA DR S.	
CITY-ST-ZIP			PONTE VEDRA, FL	
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	RANDY L. LEBEDOFF	☐ Change ☒ Addition
STREET ADDRESS			1738 OLIVER AVE SOUTH	
CITY-ST-ZIP			MINNEAPOLIS, MN 55405	
TITLE	D	NAME	CHARLES W. SWAN JR.	☒ Change ☐ Addition
STREET ADDRESS			4731 BONITA BAY BLVD, 1503 HORIZONS	
CITY-ST-ZIP			BONITA SPRINGS FL 34134	
TITLE	D	NAME	THOMAS C. BODDORFF	☐ Change ☒ Addition
STREET ADDRESS			805 HOLLY DRIVE EAST	
CITY-ST-ZIP			ANNAPOLIS MD 21401	
TITLE	D	NAME	ARTHUR P. DROMGOOLE JR.	☐ Change ☒ Addition
STREET ADDRESS			208 S. JEFFERSON AVE	
CITY-ST-ZIP			NATIONAL PARK, NJ 08063	
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		☐ Change ☐ Addition
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:

THOMAS C. BODDORFF

THOMAS C. BODDORFF

4/26/01

410-349-
9392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)