

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90078 014 ***150.00

DOCUMENT # P96000089830

1. Entity Name

AESIR MANAGEMENT, INC.

Principal Place of Business

**4731 BONITA BAY BLVD
 1503 HORIZONS
 BONITA SPRINGS FL 34134**

Mailing Address

**4731 BONITA BAY BLVD
 1503 HORIZONS
 BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

1708 S. HARBOR LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ANNAPOLIS MD

4. FEI Number

59-3430086

Applied For

Not Applicable

Zip

Country

Zip

21401

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SWAN, CHARLES W JR
 4731 BONITA BAY BLVD
 1503 HORIZONS
 BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

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, 2002 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** ☐ Delete
 NAME **LEBEDOFF, RANDY L**
 STREET ADDRESS **1738 OLIVER AVE SOUTH**
 CITY-ST-ZIP **MINNEAPOLIS MN 55405**

TITLE **D** ☐ Delete
 NAME **SWAN, CHARLES W JR**
 STREET ADDRESS **4731 BONITA BAY BLVD, 1503 HORIZONS**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete
 NAME **BODDORFF, THOMAS C**
 STREET ADDRESS **805 HOLLY DRIVE EAST**
 CITY-ST-ZIP **ANNAPOLIS MD 21401**

TITLE **D** ☐ Delete
 NAME **DROMGOOLE, ARTHUR P JR**
 STREET ADDRESS **208 S. JEFFERSON AVE**
 CITY-ST-ZIP **NATIONAL PARK NJ 08063**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1708 S. HARBOR LANE**
 CITY-ST-ZIP **ANNAPOLIS MD 21401**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/02

Date

410-849-2580

Daytime Phone #

CR2E034 (9/01)