

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90273 001 \*\*\*\*\*8.75  
01-23-2003 90273 002 \*\*\*150.00

**DOCUMENT # P96000099937**

1. Entity Name  
**FLAMINGO AIR OF FLORIDA KEYS, INC.**



Principal Place of Business  
**77522 OVERSEAS HIGHWAY  
ISLAMORADA FL 33036  
US**

Mailing Address  
**77522 OVERSEAS HIGHWAY  
ISLAMORADA FL 33036**



2. Principal Place of Business

3. Mailing Address

**77522 OVERSEAS Hwy**  
Suite, Apt. #, etc.

**77522 OVERSEAS Hwy**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**ISLAMORADA FLORIDA**

City & State  
**ISLAMORADA FLA**

4. FEI Number **65-0713141**

Applied For  
☐ Not Applicable

Zip  
**33036**

Country  
**MORACE**

Zip  
**33036**

Country  
**MORACE**

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

**BOND, GREGORY R  
6068 C DURHAM DR  
LAKE WORTH FL 33467**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BOND, CHRISTOPHER  
77522 OVERSEAS HWY  
ISLAMORADA FL 33036** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
Rick Bond  
77522 OVERSEAS Hwy  
ISLAMORADA, FL 33036** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
BOND, GREGORY R  
6068 C DURHAM DRIVE  
LAKE WORTH FL 33467** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CARMEN M FISHER  
VICE-PRESIDENT  
391 PALM OR  
ISLAMORADA** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
BOND, RICK  
77522 OVERSEAS HWY  
ISLAMORADA FL 33036** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REEVES, AMY  
77522 OVERSEAS HWY  
ISLAMORADA FL 33036** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ORNELAS, BERNARDO  
242 RYAN AVE  
ISLAMORADA FL 33037** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
Christopher Bond  
77522 OVERSEAS Hwy  
ISLAMORADA, FL 33036** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ORNELAS, BERNARDO  
242 RYAN AVE  
ISLAMORADA FL 33037** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ORNELAS, BERNARDO  
242 RYAN AVE  
ISLAMORADA FL 33037** ☐ Delete

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: **Christopher Bond**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-03 305-664-0535**  
Date Daytime Phone #

CR2E034 (10/02)