

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90165 032 ***150.00

DOCUMENT #

1. Entity Name

KIONONIA FLYING SERVICES, INC ✓

Principal Place of Business

Mailing Address

11600 AVIATION BLVD
PALM BEACH GARDENS, FL
334122004 WINDWARD WAY
JUPITER, FL
33477

C0060269

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEJ Number

65-0746379

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILLIAM L. ANDERSON
2004 WINDWARD WAY
JUPITER, FL 33477

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 file 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

MAY 1, 2001 Fee will be \$350.00

Back Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution: ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES, PRES WILLIAM L. ANDERSON 2004 WINDWARD WAY JUPITER FL 33477	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES, SECY MARIA DE E. MAY 2004 WINDWARD WAY JUPITER FL 33477	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

WILLIAM L. ANDERSON

Date

Daytime Phone #

WILLIAM L. ANDERSON

CR2E034 (11/00)