

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080553

1. Entity Name

K & L AVIATION, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90983 016 ***150.00

Principal Place of Business

1854 HARBOR LANE
NAPLES FL 34104

Mailing Address

1854 HARBOR LANE
NAPLES FL 34104

546374

2. Principal Place of Business

3765 13th Ave S.W.

3. Mailing Address

3765 13th Ave S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number 65-0781151

Applied For**
☒ Not Applicable

Zip

34117

Country

USA

Zip

34117

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAFFRON, LYNN A
1854 HARBOR LANE
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name LYNN A. DAFFRON
Street Address (P.O. Box Number is Not Acceptable)
3765 13th Ave S.W.
City Naples FL Zip Code 34117

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

Lynn A. Daffron

(NOTE: Registered Agent signature required when reinstating)

4-27-01

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	<input type="checkbox"/> Delete
NAME	DAFFRON, LYN A	
STREET ADDRESS	1854 HARBOR LANE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN A. DAFFRON	
STREET ADDRESS	3765 13th Ave S.W.	
CITY-ST-ZIP	NAPLES, FL 34117	
TITLE	Vice President Marketing	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Brousseau	
STREET ADDRESS	1450 Jewel Box Ave	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	Vice President Maintenance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phil McClellan	
STREET ADDRESS	4230 Mohawk Place	
CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

Lynn A. Daffron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 941-774-3737

Date

Daytime Phone #

CR2E034 (10/00)

0541885