

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90176 008 ***150.00

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DOCUMENT # P97000080553

1. Entity Name
K & L AVIATION, INC.

Principal Place of Business

**3765 13TH AVE SW
 NAPLES FL 34117**

Mailing Address

**3765 13TH AVE SW
 NAPLES FL 34117**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.,

Suite, Apt. #, etc.,

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0781151

Applied For
 Not Applicable

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

**DAFFRON, LYNN A
 3765 13TH AVE SW
 NAPLES FL 34117**

Name

DL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DAFFRON, LYN A**
STREET ADDRESS **3765 13TH AVE SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **President** ☒ Change ☐ Addition
NAME **DAFFRON LYNN A**
STREET ADDRESS **3765 13TH AVE SW**
CITY-ST-ZIP **Naples, FL 34117**

TITLE **VPM** ☐ Delete
NAME **BROSSEAU, TED**
STREET ADDRESS **1450 JEWEL BOX AVE**
CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE **VPM** ☐ Delete
NAME **MCCLELLAN, PHIL**
STREET ADDRESS **4230 MOHAWK PLACE**
CITY-ST-ZIP **NAPLES FL 34112**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
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:

SIGNATURE REQUIRED

04-25-02

239-269-0228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)