

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022486

1. Entity Name
LUG'S FLYING SERVICE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90070 032 ***150.00

0274843

Principal Place of Business Mailing Address
6410 CROSSBOW COURT **6410 CROSSBOW COURT**
DAVIE FL 33331 **DAVIE FL 33331**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0890407**

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

KILBORN, SHARON H
1671 RIVERLAND RD
FORT LAUDERDALE FL 33312

Name **KILBORN, SHARON H.**
Street Address (P.O. Box Number is Not Acceptable)
6410 CROSSBOW COURT
City **DAVIE** FL Zip Code **33331**

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 *Sharon H. Kilborn*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LUGINBUHL, WAYNE E**
STREET ADDRESS **6410 CROSSBOW COURT**
CITY-ST-ZIP **DAVIE FL 33331**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Wayne E Luginbuhl*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 954/249/9030
Date Daytime Phone #

CR2E034 (10/00)