

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043607

1. Entity Name

UPSTAREZ FLIGHT, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90085 038 ***158.75

Principal Place of Business

141 W. MARION AVE.
PUNTA GORDA FL 33950

Mailing Address

97 ROBINA ST
PORT CHARLOTTE FL 33954

2. Principal Place of Business

3. Mailing Address

28000 AIRPORT RD

Suite, Apt. #, etc.

HANGER # 71

City & State

PUNTA GORDA, FL

Zip

33982

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0845427

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

POLK, JOHN L ESQ.
141 W. MARION AVE.
PUNTA GORDA FL 33950

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 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, 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 PD
NAME YOUNGBLOOD, OWEN ☐ Delete
STREET ADDRESS 97 ROBINA ST.
CITY-ST-ZIP PT. CHARLOTTE FL 33954

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

TITLE DVP
NAME POLK, JOHN L ☒ Delete
STREET ADDRESS 141 W. MARION AVE.
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE ST
NAME POLK, JOHN L ☒ Delete
STREET ADDRESS 141 W. MARION AVE.
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ST SARAH J. WELCH ☐ Change ☒ Addition
NAME 97 ROBINA ST
STREET ADDRESS PORT CHARLOTTE, FL 33954
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (941) 764-8833
Date Daytime Phone #

CR2E034 (10/00)