## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachmer

SIGNATURE:

## FILED May 29, 2002 8:00 am Secretary of State DOCUMENT # P98000082026 1. Entity Name 05-29-2002 93661 005 \*\*\*558.75 MYAKKA HEAD AIRPORT, INC. Principal Place of Business Mailing Address 42650 S. R. 64 E. 4670 KERSEY ROAD MYAKKA CITY FL 34251 ONA FL 33865 2. Principal Place of Busines: 3. Mailing Address 42650 S.K. 4670 DO NOT WRITE IN THIS SPACE 65-1152640 City & State 4. FEI Number Applied For myakka Not Applicable YOuntry buntry \$8.75 Additional 5. Certificate of Status Desired lanaTee lanatee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, JASPER M Street Address (P.O. Box Number is Not Acceptable) 4670 KERSEY ROAD -ONA-FL 33865 RA 4670 Kersey Fl 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Taylor, JASPER M 4670 Kersey Rd NAME TAYLOR, JASPER M NAME STREET ADDRESS 4670 KERSEY ROAD STREET ADDRESS CITY-ST-ZIP ONA FL 33865 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME STREET ADDRESS 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 received 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