

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90100 047 ***150.00

0582464

DOCUMENT # P99000043766

1. Entity Name

T AND C HELICOPTER, INC.

Principal Place of Business

Mailing Address

3434 AIRFIELD DR W

5028 Burwell Rd
Webster, FL 33597

5028 BURWELL RD

WEBSTER FL 33597

STE 1

LAKELAND FL 33811

00052254

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5028 Burwell Rd

Suite, Apt. #, etc.

City & State

City & State

Webster FL

Zip

Country

Zip

Country

33597

Sumter

4. FEI Number **59-3576401**

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

SCHRADER, JEROME G
37837 MERIDIAN AVE, SUITE 314
DADE CITY FL 33525

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 State10. 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** ☐ Delete
NAME **THOMPSON, PATRICIA**
STREET ADDRESS **5028 BURWELL RD**
CITY-ST-ZIP **WEBSTER FL 33597**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **THOMPSON, PARRISH**
STREET ADDRESS **5028 BURWELL RD**
CITY-ST-ZIP **WEBSTER FL 33597**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **HARPER, JOE K**
STREET ADDRESS **37942 PALM AVE**
CITY-ST-ZIP **DADE CITY FL 33525**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **HARPER, REBECCA B**
STREET ADDRESS **34273 RIDGE MANOR BLVD**
CITY-ST-ZIP **RIDGE MANOR FL 33523**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Rebecca B Harper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

352-583-3350

Daytime Phone #

CR2E034 (10/00)