

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91427 019 ***150.00

0643949 AT

DOCUMENT # P99000071101

1. Entity Name
FRIENDSHIP AEROSPORTS, INCORPORATED



Principal Place of Business
**15117 THOROUGHbred LANE
MONTVERDE FL 34756**

Mailing Address
**15117 THOROUGHbred LANE
MONTVERDE FL 34756**



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 **59-3595437**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORAN, WILLIAM E
15117 THOROUGHbred LANE
MONTVERDE FL 34756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORAN, WILLIAM E	
STREET ADDRESS	15117 THOROUGHbred LN	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DICE, CLAYNE W	
STREET ADDRESS	159 BISMARCK CT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DICE, VICKI	
STREET ADDRESS	159 BISMARCK CT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORAN, DEBORAH D	
STREET ADDRESS	15117 THOROUGHbred LN	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED WILLIAM E MORAN

4-21-2003

407-929-8084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)