

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90034 008 ***150.00

DOCUMENT # P99000083084

1. Entity Name
CONDOR CHARTERS, INC.

Principal Place of Business
3372 SE INLET HARBOR TERR.
STUART, FL 34996

Mailing Address
3372 SE INLET HARBOR TERR.
STUART FL 34996



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3372 SE Inlet Harbor Terr.
 Suite, Apt. #, etc.

3. Mailing Address
Same as above
 Suite, Apt. #, etc.

City & State
STUART, FL

City & State

4. FEI Number
65-0955830

Applied For
Not Applicable

Zip
34996

Country
USA

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

BEAM, CHARLES T
3372 S.E. INLET HARBOR TERRACE
STUART FL 34996

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BEAM, CHARLES T**
STREET ADDRESS **3372 SE INLET HARBOR TERR.**
CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Change ☐ Addition
NAME **S DANETTE M. FERGUSON**
STREET ADDRESS **1734 PEER DRIVE**
CITY-ST-ZIP **HOUSTON, TX 77043**

TITLE **VP** ☐ Delete
NAME **KRUNIC, DAVID M**
STREET ADDRESS **1734 PEER DR.**
CITY-ST-ZIP **HOUSTON TX 77043**

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

TITLE ☒ Delete
NAME **SALAS, ANITA J**
STREET ADDRESS **3372 SE INLET HARBOR TERR.**
CITY-ST-ZIP **STUART FL 34996**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042002

Date

7722633358

Daytime Phone #

CR2E034 (9/01)