2001 UNIFORM BUSINESS REPORT (UBR)

2

FILED
May 05, 2001 8:00 am
Secretary of State
02-20-2001 90037 044 ***150.00

DOCUMENT # P99000086208

1. Entity Name
HANGAR 17, INC.

Principal Place of Business	Mailing Address
431 CANAL STREET NEW SMYRNA BEACH FL 32168	431 CANAL STREET NEW SMYRNA BEACH FL 32168

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3600443 ☐ 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
SIMPSON, G.W.S. III 431 CANAL STREET NEW SMYRNA BEACH FL 32168	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 NAME STREET ADDRESS CITY-ST-ZIP	PS SIMPSON, G.W.S. III 431 CANAL STREET NEW SMYRNA BEACH FL 32165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROCKS, TERRANCE A 431 CANAL STREET NEW SMYRNA BEACH FL 32165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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. 4/27/2001 Resigned

SIGNATURE: GWS III G.W.S. Simpson III 2/16/2001 904 427-2360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

G.W.S. SIMPSON III, P.A.
431 CANAL STREET
NEW SMYRNA BEACH, FL 32168-7009

RIVERSIDE NATIONAL BANK OF FLORIDA
FT. PIERCE, FL 33450
63-1114/670

3189

2/6/2001

PAY TO THE ORDER OF: Department of State $ **150.00

One Hundred Fifty and 00/100********** DOLLARS

Department of State
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

G.W.S. SIMPSON III, P.A.

AUTHORIZED SIGNATURE

MEMO UBR Hangar 17, Inc.

⑈003189⑈ ⑆067011142⑆ 30 0020031⑈01

Attachment
DOC pg 0000.8608