

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 05, 2001 8:00 am
Secretary of State

03-12-2001 90426 046 ***150.00

DOCUMENT # S77169

1. Entity Name

EVERGLADES AEROBATICS, INC.

Principal Place of Business

Mailing Address

**4849 BERKELEY DR
 NAPLES FL 34112
 US**

**4849 BERKELEY DR
 NAPLES FL 34112
 US**

34415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0296921**

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

**LOMBARDO, J. CHRISTOPHER
 801 LAUREL OAK DRIVE
 NAPLES FL 33963**

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 **PVS**
 NAME **THALHEIMER, BRUCE**
 STREET ADDRESS **4849 BERKELEY DRIVE**
 CITY-ST-ZIP **NAPLES FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **TD**
 NAME **THALHEIMER, BRUCE**
 STREET ADDRESS **4849 BERKELEY DRIVE**
 CITY-ST-ZIP **NAPLES FL**

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TITLE
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 CITY-ST-ZIP

☐ Change

☐ Addition

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, and that the information 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 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 a document with an address, with all other like empowered.

I further certify that the information 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 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 a document with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Thalheimer

Date

3/4/01

941-261-8422

Daytime Phone #

CR2E034 (10/00)