

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90402 050 \*\*\*150.00

00/3937 AV

**DOCUMENT # V60067**

1. Entity Name  
**MID-FLORIDA AIR SERVICES, INC.**

Principal Place of Business 19708 EUSTIS AIRPORT RD. EUSTIS FL 32736 US	Mailing Address 19708 EUSTIS AIRPORT RD EUSTIS FL 32736 US
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DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>65-0352575</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**OKLESEN, JOHN G**  
**19708 EUSTIS AIRPORT RD**  
**EUSTIS FL 32736**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees-

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT OKLESEN, JOHN G. 19708 EUSTIS AIRPORT RD EUSTIS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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. 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: *John G. Oklesen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-02 (352)589-0767  
 Date Daytime Phone #

CR2E034 (9/01)

Attachment  
R# V60067

**MID-FLORIDA AIR SERVICES, INC.**  
**19708 Eustis Airport Road**  
**Eustis, Florida 32736**  
**(352) 589-0767**

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June 6, 2002  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

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RE: Late filing of UBR

Dear Sir or Madam:

Enclosed please find my 2002 Uniform Business Report accompanied by my check for \$150.00.

I am writing to request that the late filing fee be waived. Three years ago I took on the elder care of my parents. My mother suffered from Progressive Supranuclear Palsy and my father has been diagnosed with COPD. I lost my mother in November of 2000 and spent several months emptying her home and finalizing her estate. I was late in the filing of last years report due to that. I now have my father in my home permanently and spend much time giving him nebulizer treatments and oxygen as well as meals and personal hygiene care. He is 82. I also still try to do my job for the corporation but as you can see I'm not doing it very efficiently. Just recently I have hired some part-time help and in doing so discovered that I had overlooked this filing again this year. I truly am sorry and I am trying my very best to catch up with everything.

Should you require any further of me, please do not hesitate to contact me at the number above written. Thanking you in advance once again for your help and patience.

Sincerely,  
*Kathy Oklesen*  
KATHY J. OKLESEN