## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 08, 2000 8:00 am Secretary of State DOCUMENT # 321854 1. Entity Name ANTIQUERS AERODROME INC 06-08-2000 90036 021 \*\*\*150.00 Mailing Address Principal Place of Business 6530 SKYLINE DR 6530 SKYLINE DR DELRAY BEACH FL 33446-2202 DELRAY BEACH FL 33446 00061364 us 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2478945 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUMLEY, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 7320 SKYLINE DRIVE **DELRAY EBAHC FL 33446** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete LUMLEY, WILLIAM B NAME NAME 7320 SKYLINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL** ■ Delete TITLE TITLE SCOTT, KENNETH NAME NAME 7168 SKYEINE DRIVE STREET ADDRESS STREET ADDRESS DELFAY, BCH FL CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE SCHULTE, MÓNIKA NAME NAME 6925 SKYLINE DRIVE STREET ADDRESS STREET ADDRESS DELTAY BEACH FL 33446 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE LUMLEY, JAMES D NAME NAME

**DELRAY BEACH FL 33446** 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 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 ike empowered.

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BYRD, JOHN M

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