

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K57443**

1. Entity Name

AIRPORT & AVIATION PROFESSIONALS, INC.**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90023 041 ***158.75

Principal Place of Business

**C/O PHILLIP A. STROHM
2640 GOLDENGATE PARKWAY, STE 301
NAPLES FL 33942**

Mailing Address

**C/O PHILLIP A. STROHM
2640 GOLDENGATE PARKWAY, STE 301
NAPLES FL 33942**

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 **65-0094333**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STROHM, PHILLIP A.
2640 GOLDEN GATE PARKWAY
SUITE 301
NAPLES FL 33942**

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	STROHM, PHILLIP A.	
STREET ADDRESS	2640 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JEFFREY N.	
STREET ADDRESS	6151 W. CENTURY BLVD. SUITE 1000	
CITY-ST-ZIP	LOS ANGELES CA	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAUS, GERALD P	
STREET ADDRESS	2479 PINEWOOD CIR	
CITY-ST-ZIP	NAPLES FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	CHIVINGTON, STEVEN P	
STREET ADDRESS	1703 ADA COURT	
CITY-ST-ZIP	NAPERVILLE IL 60540	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CASTO, GREGORY A	
STREET ADDRESS	2008 KINDERTON MANOR DR	
CITY-ST-ZIP	DULUTH GA 30136	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Staff Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul B. Demkovich	
STREET ADDRESS	2640 Golden Gate Parkway	
CITY-ST-ZIP	Naples, FL 34105	

TITLE	Staff Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Salomon	
STREET ADDRESS	2640 Golden Gate Parkway	
CITY-ST-ZIP	Naples, FL 34105	

TITLE	Staff Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph P. Jackson	
STREET ADDRESS	300 Rodgers Blvd.	
CITY-ST-ZIP	Honolulu, HI 96819	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Corp. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharyn Barber	
STREET ADDRESS	2640 Golden Gate Parkway	
CITY-ST-ZIP	Naples, FL 34105	

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILLIP A. STROHM

Date

1-19-01 941-262-0010

Daytime Phone #

CR2E034 (10/00)