

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90131 044 \*\*\*158.75

**DOCUMENT # K57443**

1. Entity Name

**AIRPORT & AVIATION PROFESSIONALS, INC.**



Principal Place of Business

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

Mailing Address

**C/O PHILLIP A. STROHM  
2640 GONDENGATE 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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete  
NAME **STROHM, PHILLIP A.**  
STREET ADDRESS **2640 GOLDEN GATE PARKWAY**  
CITY-ST-ZIP **NAPLES FL**

TITLE **SVP** ☐ Delete  
NAME **SALOMON, LUIS**  
STREET ADDRESS **2640 GOLDEN GATE PKWY**  
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **SVP** ☐ Delete  
NAME **JACKSON, JOSEPH P**  
STREET ADDRESS **300 RODGERS BLVD**  
CITY-ST-ZIP **HONOLULU HI 96819**

TITLE **P** ☐ Delete  
NAME **CHIVINGTON, STEVEN P**  
STREET ADDRESS **450 EMORY RIVER RD**  
CITY-ST-ZIP **HARRIMAN TN 37748**

TITLE **VPD** ☐ Delete  
NAME **CASTO, GREGORY A**  
STREET ADDRESS **916 6TH STREET S**  
CITY-ST-ZIP **NAPLES FL 34113**

TITLE **SVP** ☐ Delete  
NAME **DEMKOVICH, PAUL B**  
STREET ADDRESS **2640 GOLDEN GATE PKWY**  
CITY-ST-ZIP **NAPLES FL 34105**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other duly empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-13-03 239-262-0010**

CR2E034 (10/02)