

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90059 006 ***150.00

DOCUMENT # P00000033071**1. Entity Name**
AIRSHARES INC.**Principal Place of Business**
1740 N.W. 105TH AVENUE
PEMBROKE PINES FL 33026**Mailing Address**
1740 N.W. 105TH AVENUE
PEMBROKE PINES FL 33026**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 65-0995307Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HODGERS, BENJAMIN**
1740 N.W. 105TH AVENUE
PEMBROKE PINES FL 33026**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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE PD** ☐ Delete
NAME HODGERS, BENJAMIN
STREET ADDRESS 1740 N.W. 105TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33026**TITLE VPD** ☐ Delete
NAME HODGERS, BRIAN ALAN
STREET ADDRESS 1740 N.W. 105TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33026**TITLE STD** ☐ Delete
NAME HODGERS, GERRY
STREET ADDRESS 1740 N.W. 105TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33026**TITLE D** ☐ Delete
NAME HODGERS, BENJAMIN ALAN
STREET ADDRESS 1740 N.W. 105TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33026**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. 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
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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:****X. BENJAMIN HODGERS Benjamin Hodgers**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/11/02**
Date**954-431-2121**
Daytime Phone #

CR2E034 (9/01)