

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90007 028 ***550.00

DOCUMENT # P93000011078

1. Entity Name
ADMIRAL AIR OF SARASOTA COUNTY, INC.

Principal Place of Business 507 E LAUREL ROAD P.O. BOX 1510 NOKOMIS FL 34274 US	Mailing Address P.O. BOX 1510 NOKOMIS FL 34274 US
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2. Principal Place of Business	3. Mailing Address PO Box 3319
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sarasota FL	City & State
Zip 34230	Country USA

4. FEI Number 65-0388182	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

KUPS, TERENCE A
507 E LAUREL RD
NOKOMIS FL 34275

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: *Terence A. Kups* 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P <input type="checkbox"/> Delete
NAME	KUPS, TERENCE A.
STREET ADDRESS	2218 KARA CHASE CT.
CITY-ST-ZIP	SARASOTA FL
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	AMEY, SUZANNE M
STREET ADDRESS	2911 BUCIDA DR
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	V <input type="checkbox"/> Delete
NAME	KUPS, RICHARD
STREET ADDRESS	710 INDIAN BCH CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	T <input type="checkbox"/> Delete
NAME	KUPS, RICHARD
STREET ADDRESS	710 INDIAN BEACH CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Terence A. Kups* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR