## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P93000032710** Apr 13, 2000 8:00 am Secretary of State CORPORATE AIRSEARCH INTERNATIONAL SOUTH, INC. 04-13-2000 90064 026 \*\*\*150.00 Mailing Address Principal Place of Business 150 E. PALMETTO PARK RD 150 E. PALMETTO PARKD RD SUITE 550 SUITE 550 **BOCA RATON FL 33432** BOCA RATON FL 33432 US lus 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-04 18999 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANLEY, JAMES P Street Address (P.O. Box Number is Not Acceptable) 150 EAST PALMETTO PARK RD SUITE 550 **BOCA RATON FL 33432** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CP Change ☐ Addition TITLE ☐ Delete TITLE HANLEY, SHARON B NAME NAME STREET ADDRESS **6113 NW 31ST COURT** STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE HANLEY, JAMES P. NAME NAME 1173 FALLS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON-FL CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS

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

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TITLE

NAME

☐ Delete

Change

Addition