

2000 UNIFORM BUSINESS REPORT (UBR)

0405327

DOCUMENT # P93000047054

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 APR 13 PM 5:36

1. Entity Name
BOOMERANG AIR, INC.

Principal Place of Business Mailing Address
550 N. REO STREET SUITE 204 TAMPA FL 33609 **550 N. REO STREET SUITE 204 TAMPA FL 33609-4036**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2202 North West Shore Boulevard **2202 North West Shore Boulevard**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
5th Floor **5th Floor**
 City & State City & State
Tampa, Florida **Tampa, Florida**

4. FEI Number **59-3191319** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BASHAM, ROBERT Name: **Robert D. BASHAM**
550 N. REO STREET Street Address (P.O. Box Number is Not Acceptable): **2202 N. West Shore Blvd., 5th Floor**
SUITE 204 City: **Tampa, Florida 33607** **FL** Zip Code
TAMPA FL 33609

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: DATE: **4/6/00**
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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASHAM, ROBERT D	NAME	2202 N. West Shore Blvd., 5th Floor
STREET ADDRESS	550 N. REO STREET, SUITE 204	STREET ADDRESS	Tampa, Florida 33607
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANNON, J T	NAME	2202 N. West Shore Blvd., 5th Floor
STREET ADDRESS	550 N. REO STREET, SUITE 204	STREET ADDRESS	Tampa, Florida 33607
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	hjk 4/13
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	000003219170-2
STREET ADDRESS		STREET ADDRESS	-04/24/00--01003--003
CITY-ST-ZIP		CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **2/29/00** **813/282-7225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #