

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91644 010 ***150.00

MD0004 AV

DOCUMENT # P93000071599

1. Entity Name
COMMERCIAL AIR MANAGEMENT, INC.

Principal Place of Business Mailing Address
11000-28 METRO PKWY. 11000-28 METRO PKWY.
FT MYERS FL 33912 FT MYERS FL 33912
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
11000 Metro Pkwy
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 30
 City & State City & State
Fort Myers FL
 Zip Country Zip Country
33912 US

4. FEI Number **65-0443866** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ELLIS, JON R
5280 S LUNDING DRIVE
FT MYERS FL 33919

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
7210 FALCON CREST COURT
 City State Zip Code
FORT MYERS FL 33908

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]* *[Signature]* **1/31/2002**
 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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, JON R	
STREET ADDRESS	5280 S LUNDING DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, M S	
STREET ADDRESS	5280 S LUNDING DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENDIEUX, PAUL	
STREET ADDRESS	1301 LAFAUNCE WAY	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, JON R	
STREET ADDRESS	7210 FALCON CREST COURT	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, M S	
STREET ADDRESS	7210 FALCON CREST COURT	
CITY-ST-ZIP	FORT MYERS, FL 33908	
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		
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 and empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2002
 Date Daytime Phone #

CR2E034 (9/01)