

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91413 041 \*\*\*150.00

**DOCUMENT # P96000103849**



1. Entity Name  
**AIRKAMAN OF JACKSONVILLE, INC.**

Principal Place of Business  
**14700 YONGE DRIVE  
JACKSONVILLE FL 32218**

Mailing Address  
**P.O. BOX 18157  
JACKSONVILLE FL 32229  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3416502**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAMAM, III, C. WILLIAM  
14700 YONGE DRIVE  
JACKSONVILLE FL 32218**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **CPD KAMAN, C. WILLIAM II**  
STREET ADDRESS **14700 YONGE DR JACKSONVILLE FL**

TITLE  Change  Addition  
NAME **CEO & President Elizabeth A. Maskins**  
STREET ADDRESS **418 River Drive DeBary, FL 32713**

TITLE  Delete  
NAME **DV AGONIS, JAMES V**  
STREET ADDRESS **14700 YONGE DRIVE JACKSONVILLE FL**

TITLE  Change  Addition  
NAME **TFCO Stephen W. Lee**  
STREET ADDRESS **1613 Ovondaga Geneva, FL 32732**

TITLE  Delete  
NAME **DS KAMAN, LORAIN M**  
STREET ADDRESS **14700 YONGE DR JACKSONVILLE FL**

TITLE  Change  Addition  
NAME **Joseph I. Goldstein - Secretary**  
STREET ADDRESS **916A Baynathill Blvd. Orlando, FL 32819**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **Director Gregory J. Murrer**  
STREET ADDRESS **5 Pawderhouse Ln. Boxford, MA 01921**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *LORAIN M KAMAN* REAR DR ASST TREASURER 4-30-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)