

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90072 048 \*\*\*158.75

**DOCUMENT # P98000012273**

1. Entity Name  
**DISCOVER AIR, INC.**

Principal Place of Business: **83 NILSON WY ORLANDO FL 32803**  
 Mailing Address: **83 NILSON WY ORLANDO FL 32803**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **65-0809173** Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent  
**WILLIAMS, SCOTT L**  
**83 NILSON WY**  
**ORLANDO FL 32803**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) 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, 2001 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: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>WILLIAMS, JAMES R</b> STREET ADDRESS: <b>83 NILSON WY</b> CITY-ST-ZIP: <b>ORLANDO FL 32803</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>WILLIAMS, ROBERT K</b> STREET ADDRESS: <b>83 NILSON WY</b> CITY-ST-ZIP: <b>ORLANDO FL 32803</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>WILLIAMS, JEFF</b> STREET ADDRESS: <b>83 NILSON WY</b> CITY-ST-ZIP: <b>ORLANDO FL 32803</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>WILLIAMS, SCOTT L</b> STREET ADDRESS: <b>83 NILSON WY</b> CITY-ST-ZIP: <b>ORLANDO FL 32803</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>LEONARD, WILLIAM</b> STREET ADDRESS: <b>83 NILSON WY</b> CITY-ST-ZIP: <b>ORLANDO FL 32803</b>
TITLE: <b>T</b> <input type="checkbox"/> Delete	NAME: <b>WILLIAMS, MELISSA</b> STREET ADDRESS: <b>83 NILSON WY</b> CITY-ST-ZIP: <b>ORLANDO FL 32803</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Christine Williams</b> STREET ADDRESS: <b>83 Nilson Way</b> CITY-ST-ZIP: <b>Orlando, FL 32803</b>
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: _____
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 empowered.

SIGNATURE: Melissa Williams Vice President Date: 4/27/01 (407) 894-0030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Contact Phone #

CR2E034 (10/00)