

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90277 008 ***150.00

DOCUMENT # P98000040178

1. Entity Name
ADVENTURE AIR, INC.



Principal Place of Business
337 SE LAKEVIEW DR
SEBRING FL 33870

Mailing Address
337 SE LAKEVIEW DR
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0837182**

Applied For

Not Applicable

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

STIFEL, ARTHUR C III
337 SE LAKEVIEW DR
SEBRING FL 33870

Name **MR. BILL BENTON**
Street Address (P.O. Box Number is Not Acceptable)
NCT GROUP CPAs LLP
435 S. COMMERCIAL BLVD.
City **SEBRING** FL Zip Code **33870**

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 **W R B L CPA**
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STIFEL, ARTHUR C III**
STREET ADDRESS **337 SE LAKEVIEW DR**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-03 863-382-7411

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90149743

#09800040178

337 S. E. Lakeview Drive
Sebring, Florida 33870
888-382-7411

Adventure Air Inc.

August 8, 2003

Division of Corporations

P. O. Box 6327

Tallahassee, Florida 32314

Dear Division of Corporations

I just received my Uniform Business Report Instructions and was shocked to note that my filing fee is now \$550.00. I called my CPA and he advised that it should have been \$150.00 and that they are normally mailed out in January. I called your office and was referred to the Frequently Asked Questions section of the packet and am stating that I never received the January information and would like you to please accept my \$150.00 filing fee enclosed.

To avoid any further problems of missing mail would you please change my Registered Agent to:

Mr. Bill Benton

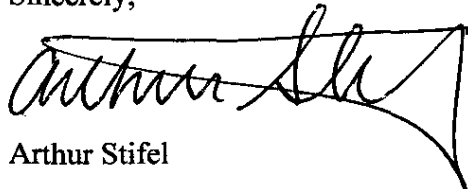
NCT Group CPA's LLP

435 S. Commerce Ave.

Sebring, FL 33870

- I thank you for your consideration.

Sincerely,



Arthur Stifel