

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90014 001 *****8.75
 07-13-2001 90014 002 ***550.00

DOCUMENT # P99000039685

1. Entity Name
REX AIR, INC.



Principal Place of Business
240 AVIATION DR NORTH
SUITE 101
NAPLES FL 34104

Mailing Address
6255 CEDAR TREE LANE
NAPLES FL 34116

1 0 2 3 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **125 AVIATION DR SOUTH** 3. Mailing Address **125 AVIATION DR. SOUTH**

Suite, Apt. #, etc. **SUITE 201** Suite, Apt. #, etc. **SUITE 201**

City & State **NAPLES** City & State **NAPLES**

Zip **34104** Country **USA** Zip **34104** Country **USA**

4. FEI Number **59-3610489** 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

GASTEIGER, REX L
6255 18TH AVE. SW
NAPLES FL 34116

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 *REX L GASTEIGER* **REX L. GASTEIGER** *REX L GASTEIGER* **7-6-01**
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P GASTEIGER, REX L 6255 CEDAR TREE LANE NAPLES FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUBER, MARK U 4891 EUROPA DR NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *REX L GASTEIGER* **REX L. GASTEIGER** **7-6-01** **941-430-6855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1105-111

CR2E034 (5/01)