

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90047 040 ***150.00

MA114R AV

DOCUMENT # G31731

1. Entity Name
PERFORMANCE AIR OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

**5891 COUNTRY LAKES DR
 FORT MYERS FL 33905**

Mailing Address

**5891 COUNTRY LAKES DR
 FORT MYERS FL 33905**

2. Principal Place of Business

5871 Country Lakes Dr.
 Suite, Apt. #, etc.

3. Mailing Address

5871 Country Lakes Dr.
 Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

4. FEI Number

59-2268032

Applied For

Not Applicable

Zip

33905-5504

Country

Lee

Zip

33905-5504

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, JAMES E
 705 HENRY AVENUE
 LEHIGH ACRES FL 33936**

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

James D. Edwards

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 **P** ☐ Delete
 NAME **EDWARDS, JAMES D**
 STREET ADDRESS **705 HENRY AVE**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **V** ☐ Delete
 NAME **BEVIS, NEIL**
 STREET ADDRESS **3276 62 ND AVE**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Edwards, Debra A.**
 CITY-ST-ZIP **705 Henry Ave.**
Lehigh Acres, FL. 33936

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Bevis, Carol**
 CITY-ST-ZIP **3276 62nd Ave.**
Vero Beach, FL

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Edwards
JAMES D. EDWARDS

Date

Daytime Phone #

3-4-02 941-334-0337

CR2E034 (9/01)