**FILED** 

Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90287 020 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P98000106151

1. Entity Name

ROMAN AIR, INC.



Principal Place of Business

Mailing Address

8814 BAY HARBOUR BLVD. ORLANDO FL 32836		8814 BAY HARBOUR BLVD. ORLANDO FL 32836			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & St	ate	City & State		A FEI M. I	
Zip				4. FEI Number 59-3556083	Applied For Not Applicable
ΣIΡ !	Country	Zip	Country	5. Certificate of Status Desired S8.75	Additional
	6. Name and Address of Curren	legistered Agent		7. Name and Address of New Registered Agent	
INOCHO	VSKY, ROMAN		Name		<del></del>
8814 BA	y Harbour Blyd. O Fl 32836		Street Addre	ess (P.O. Box Number is Not Acceptable)	
UNLAND	O FL 32836		City		
O Thombou		<del>.</del>	City	istered agent, or both, in the State of Florida. I am familiar w	Code
Afte	Signature, typed or printed name of registered agent  FILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00		TE: Registered Agent signature rec	9. Election Campaign Financing	5.00 May Be
10.	k Payable to Florida Department o			Trust Fund Contribution. Ad	ded to Fees
TITLE	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	INOCHOVSKY, ROMAN 8814 BAY HARBOUR BLVD. ORLANDO FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	e Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	e Addition
TITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TLE		□ Delete	TITLE		

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 changed, or on an attachment with an address with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

KINTURE REQUIRED NATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition

Daytime Phone #