2000 UNIFORM BUSINESS REPORT (UBR)

May 01, 2000 8:00 am Secretary of State DOCUMENT # 410764 1. Entity Name ISLAND CITY FLYING SERVICE, INC. 05-01-2000 90414 049 ***150.00 Mailing Address Principal Place of Business 3471 S ROOSEVELT BLVD 3471 S ROOSEVELT BLVD KEY WEST FL 33040-5234 KEY WEST FL 33040 948952 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1422862 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MURRAY, JACK T. Street Address (P.Q. Box Number is Not Acceptable): **1421 12TH STREET** Driftwood KEY WEST FL 33040 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above permed entity SIGNATURE me of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Vice President TITLE TITLE MURRAY, JACK T. NAME NAME STREET ADDRESS STREET ADDRESS 1421 12TH ST. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL Change ☐ Addition TITLE ☐ Delete TITLE DEPOO, PAUL JR. NAME NAME STREET ADDRESS STREET ADDRESS 1421 12TH ST. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 eport 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 of the corporation of the corp

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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of the corporation or the reci changed, or on an attachme

SIGNATURE:

FILED

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