

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90077 002 \*\*\*150.00

**DOCUMENT # 437960**

1. Entity Name  
**PALM BEACH AQUA AIR, INC.**

Principal Place of Business  
**435 NORTHWOOD ROAD**  
**WEST PALM BEACH FL 33407**

Mailing Address  
**435 NORTHWOOD ROAD**  
**WEST PALM BEACH FL 33407**

2. Principal Place of Business

**SAME**  
 Suite, Apt. #, etc.

3. Mailing Address

**SAME**  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1487462**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**J.D. NALL CO., INC.**  
**1050 E. 9TH STREET**  
**HIALEAH FL 33010**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NALL, JAMES D. 6790 SW 99 AVE MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VM TURNER, STEPHEN 6411 LAKE CLARK DRIVE WEST PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST NALL, MARILYN J. 6790 SW 99 AVENUE MIAMI FL</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-15-01 561-835-9605

CR2E034 (5/01)

Attachment Doc# 437960

D00061800

PALM BEACH AQUA - AIR, INC.  
435 NORTHWOOD ROAD  
WEST PALM BEACH, FLORIDA 33407-5815

BANK OF AMERICA, N.A.  
WEST PALM BEACH, FL

21543

63-623  
670

PAY PALM BEACH AQUA - AIR, INC.  
AMOUNT \$150.00 CTS

TO THE ORDER OF DEPARTMENT OF STATE

DATE	CHECK NO.	AMOUNT
08.15.01	21543	150.00

PALM BEACH AQUA - AIR, INC.

Security Features  
Visible on Back

⑈021543⑈ ⑈067006238⑈ 2210050975⑈

*Robert E. Turner*

WE HAVE NO RECORD OF RECEIVING A FIRST REQUEST  
FROM YOUR OFFICE FOR OUR FILING FEE. DO YOU HAVE A  
COPY OR RECORD FOR THAT DATE? THANKS FOR YOUR TIME

*Robert E. Turner*