

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 639083

1. Entity Name

AIRPORT SPECIALISTS INCORPORATED

Principal Place of Business

9616 HALYARD DR
LARGO FL 33773
US

Mailing Address

9616 HALYARD DR
LARGO FL 34643
US

2. Principal Place of Business

6570 126th Ave. No.
Suite, Apt. #, etc.

3. Mailing Address

6570 126 Avenue No.
Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33773

Country

Pinellas

Zip

33773

Country

Pinellas

6. Name and Address of Current Registered Agent

CARLSON, B D.
9616 HALYARD DR
LARGO FL 34643

REINSTATEMENT

4. FEI Number

59-1940255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 13, 2000 Min. 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
DP
CARLSON, B D
9616 HALYARD DR
LARGO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003457911-3
-11/09/00--01009--010
****750.00 ****750.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-00 727-531-3574

CR2E034 (5/00)