

2000 UNIFORM BUSINESS REPORT (UBR)

000541

DOCUMENT # 847232

1. Entity Name

PB AVIATION, INC.

FILED

00 FEB 10 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

312 ELM STREET
25TH FLOOR EAST
CINCINNATI OH 45202

ONE PENN PLAZA
ATTENTION: K. CURRAN
NEW YORK NY 10119-0002
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-0990696

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

7. Name and Address of New Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	SCHLOTHAUER, DAVID A	
STREET ADDRESS	312 ELM STREET, 25TH FLOOR	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURRAN, KEVIN	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	P	<input type="checkbox"/> Delete
NAME	FITZGERALD, GERALD P	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TIEDT, JILL D	
STREET ADDRESS	312 ELM ST 25TH FLOOR	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAONE, BENJAMIN N	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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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 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: *Kevin J. Curran* **Kevin J. Curran** **02/02/00** **(212) 465-5304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)