

2001 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Apr 11, 2001 8:00 am
Secretary of State

03-19-2001 90452 028 ***150.00

DOCUMENT # F00000002047

1. Entity Name

INFLIGHTONLINE.COM, INC.

Principal Place of Business

Mailing Address

**245 N. OCEAN BLVD., 3RD FLOOR
DEERFIELD BEACH FL 33441**

**245 N. OCEAN BLVD., 3RD FLOOR
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

600 Corporate Drive

600 Corporate Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

Suite 600

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip

Country

Zip

Country

33334

USA

33334

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAILEY, DAN
245 N. OCEAN BLVD., 3RD FL
DEERFIELD BEACH FL 33441**

Name

Darell Latch

Street Address (P.O. Box Number is Not Acceptable)

600 Corporate Drive

Suite 600

City

Fort Lauderdale

FL

Zip Code

33334

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/02/01

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, 2001 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

TITLE	PVSD	<input checked="" type="checkbox"/> Delete
NAME	DAILEY, DAN	
STREET ADDRESS	1508 SE 6TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVERSEN, ROBERT	
STREET ADDRESS	31 S. COMPASS DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davimos, John	
STREET ADDRESS	501 Country Valley Road	
CITY-ST-ZIP	Westlake Village, CA 91362	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holtzman, Mark	
STREET ADDRESS	57 Gregory Court	
CITY-ST-ZIP	Berkeley Heights, NJ 07922	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Warren	
STREET ADDRESS	35416-106th-Ave.-S.E.	
CITY-ST-ZIP	Kent, WA 98031	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shvalb, Yan	
STREET ADDRESS	570802 Arbor Club Way	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willcock, Catherine	
STREET ADDRESS	918 Sea Vista Place	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruner, David	
STREET ADDRESS	20005 N.E. 42nd Street	
CITY-ST-ZIP	Radmond, WA 98053	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 5, 2001

954-428-1719

CR2E034 (10/00)