

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90100 042 \*\*\*150.00

**DOCUMENT # F02000005294**



1. Entity Name  
**COMPAIR USA, INC.**

Principal Place of Business  
**211 EAST RUSSELL ROAD  
SIDNEY OH 45365**

Mailing Address  
**211 EAST RUSSELL ROAD  
SIDNEY OH 45365**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1634 SW 17TH ST**

**P.O. Box 927**

City & State  
**OCALA FL**

City & State  
**SIDNEY OH**

Zip  
**34474**

Country  
**USA**

Zip  
**45365**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **03-0466896**

Applied For

Not Applicable

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

**ZIELINSKI, TODD J  
1634 SW 17TH ST  
OCALA FL 34474**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **CCEO**  
STREET ADDRESS **SANDERS, NICHOLAS**  
CITY-ST-ZIP **HUGNENDEN AVENUE, HIGH WYCOMBE BUCKS  
HP13 5SF UK**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **CFOD**  
STREET ADDRESS **DUTNALL, ROBERT**  
CITY-ST-ZIP **HUGNENDEN AVENUE, HIGH WYCOMBE BUCKS  
HP13 5SF UK**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **EDMONDS, JOHN**  
CITY-ST-ZIP **HUGNENDEN AVENUE, HIGH WYCOMBE BUCKS  
HP13 5SF UK**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **PEUSSAS, JOUKO**  
CITY-ST-ZIP **HUGNENDEN AVENUE, HIGH WYCOMBE BUCKS  
HP13 5SF UK**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **WALL, RICHARD**  
CITY-ST-ZIP **211 EAST RUSSELL ROAD  
SIDNEY OH 45365**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard W. Wall* **03-10-03 937 498-2670**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)