

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F61042

1. Entity Name

MORRIS REALTY, INC. N/K/A AIR FLITE USA, INC.

Principal Place of Business

Mailing Address

C/O RICHARD M. KONOVER
2825 TAMiami TRAIL
PUNTA GORDA FL 33950

C/O RICHARD M. KONOVER
2825 TAMiami TRAIL
PUNTA GORDA FL 33950-7269

2. Principal Place of Business

602 BAYWOOD TRAIL

3. Mailing Address

602 BAYWOOD TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State,

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

4. FEI Number

59-2143043

Applied For

Not Applicable

Zip

32086

Country

USA

Zip

32086

Country

USA

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

KONOVER, RICHARD M.
2825 TAMiami TRAIL
PUNTA GORDA FL 33950

Name
KONOVER, RICHARD M.

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

City
ST. AUGUSTINE

FL

Zip Code
32086

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDV KONOVER, RICHARD M 2830 PARISIAN CT PUNTA GORDA FL	<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
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	PSDV KONOVER, RICHARD M. 602 BAYWOOD TRAIL ST. AUGUSTINE, FL 32086	<input checked="" 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 Richard M. Konover, President

Date

Daytime Phone #

904-777-9996

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90265 032 ***150.00



DO NOT WRITE IN THIS SPACE