

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90276 034 ***150.00

DOCUMENT # F81559

1. Entity Name
AIRBORNE BILLBOARDS, INC.



Principal Place of Business
7501 PEMBROKE RD.
HOLLYWOOD FL 33023

Mailing Address
7501 PEMBROKE RD.
HOLLYWOOD FL 33023

2. Principal Place of Business
1600 EAST AIRPORT ROAD
Suite, Apt. #, etc.

3. Mailing Address
1600 EAST AIRPORT ROAD
Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL
Zip
33023
Country
USA

City & State
PEMBROKE PINES, FL
Zip
33023
Country
USA

4. FEI Number **59-2577087**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUTLER, JAMES
7501 PEMBROKE ROAD
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name
JAMES L. BUTLER
Street Address (P.O. Box Number is Not Acceptable)
1600 EAST AIRPORT ROAD
City
PEMBROKE PINES FL Zip Code
33023

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 **James L. Butler**

DATE **4/25/03**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST BUTLER, JAMES 7501 PEMBROKE RD HOLLYWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BUTLER, JAMES 7501 PEMBROKE RD HOLLYWOOD FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD BUTLER, JAMES 1600 EAST AIRPORT ROAD PEMBROKE PINES, FL 33023 ☒ Change ☐ Addition

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

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

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

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

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

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: **SIGNATURE REQUIRED BUTLER, Pines**

DATE **4/25/03**

DAYTIME PHONE # **954-989-2086**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)