

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001082

1. Entity Name

AIR SEA RESCUE TRAINING, INC.

Principal Place of Business

2625 33RD AVE
NORTH ST. PETE FL 33713
US

Mailing Address

BAY STATION 221
BROOKLYN NY 11235
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-2257105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMMANDER NAT DEANGELO
2625 33RD AVE
N ST PETE FL 33713

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | CPD | <input type="checkbox"/> Delete |
| NAME | MITCHELL, NICHOLAS RADM | |
| STREET ADDRESS | BAY STATION 350221 SHEEPSHEAD BAY | |
| CITY-ST-ZIP | BROOKLYN NY 11235-0221 | |
| TITLE | CV | <input type="checkbox"/> Delete |
| NAME | CV NAT DEANGELO | |
| STREET ADDRESS | 2625 33RD AVE | |
| CITY-ST-ZIP | N ST PETE FL | |
| TITLE | CSD | <input type="checkbox"/> Delete |
| NAME | BERLINER, SUSAN | |
| STREET ADDRESS | 153-11 73RD AVENUE APT 3-H | |
| CITY-ST-ZIP | KEW GARDENS NY 11369 | |
| TITLE | CTD | <input type="checkbox"/> Delete |
| NAME | MITCHELL, JANET | |
| STREET ADDRESS | STAR RT. 1 | |
| CITY-ST-ZIP | MARGARETVILLE NY 12455 | |
| TITLE | CASR | <input type="checkbox"/> Delete |
| NAME | CRISCI, FRED | |
| STREET ADDRESS | 1618 EAST 14TH STREET | |
| CITY-ST-ZIP | BROOKLYN NY 11229 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |
| 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 617, 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 of Mitchell* President

Jan. 3, 2001

718-698-8128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90020 041 ****61.25

606359



DO NOT WRITE IN THIS SPACE

0089620

CR2E037 (10/00)