

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90620 019 ***150.00

0381436

DOCUMENT # F97000005749

1. Entity Name
JOANNAIR INC.

Principal Place of Business
**7001 EAST SAWGRASS ROAD
 SARASOTA FL 34240**

Mailing Address
**200 PERIWINKLE WAY
 #129 LIGHTHOUSE POINT
 SANIBEL ISLAND FL 33957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
500 CENTER ROAD,

Suite, Apt. #, etc.

City & State
SARASOTA, FLORIDA

City & State

Zip Country
34240 USA

Zip Country

4. FEI Number **59-3447554**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLLIN, JOANNA
 7001 EAST SAWGRASS RD
 SARASOTA FL 34240**

Name **JOANNA GOLLIN**
 Street Address (P.O. Box Number is Not Acceptable)
200 PERIWINKLE WAY # 129
 City **SANIBEL ISLAND FL** Zip Code **33957**

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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLLIN, JOANNA	
STREET ADDRESS	129 LIGHTHOUSE POINT	
CITY-ST-ZIP	SANIBEL ISLAND FL	
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STREET ADDRESS		
CITY-ST-ZIP		

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: Joanna M. Gollin **JOANNA M. GOLLIN. 3-3-01 941-980-4646**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)