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## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2001 8:00 am Secretary of State DOCUMENT # F9900000914 SKYTRUCK AIR/SEA TRANSPORT INC. 01-30-2001 90223 005 \*\*\*150.00 Principal Place of Business Mailing Address 145-119 G.R. BREWER BLVD 145-119 G.R. BREWER BLVD JAMAICA NY 11434 JAMAICA NY 11434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 11-3162485 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD ☐ Addition TITLE ☐ Delete TITLE ☐ Change GRUENIGER, ROLF NAME NAME 453 LIDO PKWY STREET ADDRESS STREET ADDRESS CITY-ST-7IP LINDENHURST NY CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROENICKE, THOMAS P NAME NAME 23060 SW, 180TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL' CITY-ST-ZIP -TITLE \_ SD ☐ Delete TITLE Change Gossweiler, Rudolf G Jenna Court ☐ Addition GOSSWEILER, RUDOLF NAME NAME STREET ADDRESS 178 LAKE AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP **NESCONSET NY** CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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:

ATTIRE AND TYPED OR PRINTED NAME OF