

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90160 003 ***150.00

DOCUMENT # G31731

1. Entity Name

PERFORMANCE AIR OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

5891 COUNTRY LAKES DR
 FORT MYERS FL 33905

5891 COUNTRY LAKES DR
 FORT MYERS FL 33905-5504

A0019848

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2268032

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, JAMES E
705 HENRY AVENUE
LEHIGH ACRES FL 33936

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

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
 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	P	<input type="checkbox"/> Delete
NAME	EDWARDS, JAMES E	
STREET ADDRESS	705 HENRY AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEVIS, NEIL	
STREET ADDRESS	3276 62 ND AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BEVIS, CAROLE	
STREET ADDRESS	3276 62 ND AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, DEBRA A	
STREET ADDRESS	705 HENRY AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James E. Edwards 2/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #