

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90004 004 ***150.00

DOCUMENT # H56420

1. Entity Name
AIR STEWART INC.

Principal Place of Business C/O C T CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324	Mailing Address 1200 S. PINE ISLAND RD. 250 PLANTATION FL 33324-4459 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CU017847



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2537015	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 - May Be - Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	STAFFORD, JUDITH	<input type="checkbox"/> Delete
STREET ADDRESS	112 CROWN POINT LANE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE V	AMUSO, WENDY	<input type="checkbox"/> Delete
STREET ADDRESS	200 QUAIL HOLLOW	
CITY-ST-ZIP	EAST AMHERST NY	
TITLE I	STAFFORD, DAVE	<input type="checkbox"/> Delete
STREET ADDRESS	112 CROWN POINT LANE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE S	WATSON, STEWART	<input type="checkbox"/> Delete
STREET ADDRESS	8600 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE D	WATSON, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	282 WOOD ACRES DRIVE	
CITY-ST-ZIP	E. AMHERST NY	
TITLE D	BOWMAN, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	5311 DOMINICA CIRCLE	
CITY-ST-ZIP	SARASOTA FL	

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	

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: *Stewart C. Watson* **WATSON** **1-29-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)