

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.

CU017847



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2537015**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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 - May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STAFFORD, JUDITH | | NAME | | |
| STREET ADDRESS | 112 CROWN POINT LANE | | STREET ADDRESS | | |
| CITY - ST - ZIP | WILLIAMSVILLE NY | | CITY - ST - ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | AMUSO, WENDY | | NAME | | |
| STREET ADDRESS | 200 QUAIL HOLLOW | | STREET ADDRESS | | |
| CITY - ST - ZIP | EAST AMHERST NY | | CITY - ST - ZIP | | |
| TITLE | I | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STAFFORD, DAVE | | NAME | | |
| STREET ADDRESS | 112 CROWN POINT LANE | | STREET ADDRESS | | |
| CITY - ST - ZIP | WILLIAMSVILLE NY | | CITY - ST - ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WATSON, STEWART | | NAME | | |
| STREET ADDRESS | 8600 MIDNIGHT PASS ROAD | | STREET ADDRESS | | |
| CITY - ST - ZIP | SARASOTA FL | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WATSON, RONALD | | NAME | | |
| STREET ADDRESS | 282 WOOD ACRES DRIVE | | STREET ADDRESS | | |
| CITY - ST - ZIP | E. AMHERST NY | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BOWMAN, THOMAS | | NAME | | |
| STREET ADDRESS | 5311 DOMINICA CIRCLE | | STREET ADDRESS | | |
| CITY - ST - ZIP | SARASOTA FL | | 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* **1-29-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)