

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90136 029 ***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

2. Principal Place of Business

3 CHICORY COURT LANE

Suite, Apt. #, etc.

3. Mailing Address

3 CHICORY COURT LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

EAST AMHERST, N.Y.

City & State

EAST AMHERST, N.Y.

4. FEI Number

59-2537015

Applied For

Not Applicable

Zip

14051

Country

U.S.A.

Zip

14051

Country

U.S.A.

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

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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON STEWART
STREET ADDRESS	3 CHICORY COURT LANE
CITY-ST-ZIP	EAST AMHERST, N.Y. 14051
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6827 PINO O BOULEVARD
CITY-ST-ZIP	SARASOTA, FLORIDA 34241

CR2F034 (10/00)

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 4-4-02