

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90184 004 ***150.00

DOCUMENT # H56420



1. Entity Name
AIR STEWART INC.

Principal Place of Business
**3 CHICORY COURT LANE
EAST AMHERST NY 14051**

Mailing Address
**3 CHICORY COURT LANE
EAST AMHERST NY 14051
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2537015**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Stewart B. Watson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	3 CHICORY COURT LANE
CITY-ST-ZIP	EAST AMHERST NY 14051
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	6827 PINDO BLVD.
CITY-ST-ZIP	SARASOTA FL 34241

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stewart B. Watson* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date Daytime Phone #

CR2E034 (10/02)