2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
05-07-2001 90030 041 ***150.00

0376133

DOCUMENT # H74209

1. Entity Name
NORTHERN AIR, INC.

Principal Place of Business	Mailing Address
7290 61ST STREET NORTH PINELLAS PARK FL 33781 US	7290 61ST STREET NORTH PINELLAS PARK FL 33781 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		6075 Park Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. A	
City & State		City & State Pinellas Park, FL 33781	
Zip	Country	Zip 33781	Country USA

4. FEI Number 59-2531232 ☐ Applied For ☐ Not Applicable

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
PISIECZKO, CHARLES J. 3401 49TH ST. NO. ST. PETERSBURG FL 33713	Name: GEORGE J. SCHRIEFER Street Address (P.O. Box Number is Not Acceptable): 6075 Park Blvd. City: Pinellas Park FL Zip Code: 33781

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] ~~George~~ J. Schriefer 4/26/01
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, 2001 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	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OSBURN, GARLAND L		NAME		
STREET ADDRESS	7290 61ST ST. N.		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 33781		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OSBURN, BONNIE K		NAME		
STREET ADDRESS	7290 61ST ST. N.		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 33781		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] Bonnie K. Osburn 4-26-01 (727)541-4374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)