2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H74593

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90318 001 ***150.00

0484817

1. Entity Name
AIR VENTURES INC.

Principal Place of Business	Mailing Address
1398 ELDRON BLVD. S.E. PALM BAY FL 32909	1398 ELDRON BLVD. S.E. PALM BAY FL 32909

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2821 EMERSON DR, SE		2821 EMERSON DR, SE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PALM BAY, FL		City & State: PALM BAY, FL	
Zip: 32909	Country: USA	Zip: 32909	Country: USA

4. FEI Number **59-2582978** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRICKLAND, ARTHUR F.
1398 ELDRON BLVD. S.E.
PALM BAY FL 32909

7. Name and Address of New Registered Agent

Name: STRICKLAND, ARTHUR F.
Street Address (P.O. Box Number is Not Acceptable): 2821 EMERSON DR. SE
City: PALM BAY FL Zip Code: 32909

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]
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STRICKLAND, ARTHUR F. 1398 ELDRON BLVD. S.E. PALM BAY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STRICKLAND, ARTHUR F. 2821 EMERSON DR. SE PALM BAY, FL 32909	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (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: [signature] 4-20-01 321-952-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #