

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H74739

1. Entity Name

FLORIDA AIR CENTER, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90101 038 ***163.75

Principal Place of Business

Mailing Address

4010 FOURTH AVE.
KISSIMMEE FL 34741

9,110. OGILVIE DR
ORLANDO FL 32819
US

2. Principal Place of Business

FLORIDA AIR CENTER INC,

3. Mailing Address

Suite, Apt. #, etc.

9110 OGILVIE DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

Zip

32819

Country

ORANGE

Zip

Country

4. FEI Number

59-2298954

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, ALLISON
9110 OGILVIE DRIVE
ORLANDO FL 32819

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SDP
PERRY, ALLISON S., JR.
9110 OGILVIE DR.
ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

ALLISON S. PERRY, JR. ALLISON S. PERRY, JR.

Date

Daytime Phone #

(407) 351-7608

\$150.00 + \$5.00 + \$8.75 = \$163.75 CB # 27 (01-15-2000)