

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91369 026 \*\*\*150.00

0051756 AV

**DOCUMENT # J21441**

1. Entity Name  
**AIR-SEA TRAVEL, INC.**



Principal Place of Business  
**1714 WEST 23RD STREET, SUITE H  
PANAMA CITY FL 32405**

Mailing Address  
**1714 WEST 23RD STREET, SUITE H  
PANAMA CITY FL 32405**



2. Principal Place of Business

3. Mailing Address

**20312 FRONT BEACH RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PANAMA CITY BEACH**

City & State

City & State

**FL.**

Zip

Country

Zip

Country

**32413**

**BAH**

4. FEI Number **59-2718023**

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

**LINCOLN, MARYLEE  
1714 WEST 23RD ST  
PANAMA CITY FL 32405**

Name  
**MARYLEE HANS**  
Street Address (P.O. Box Number is Not Acceptable)

**20312 FRONT BEACH RD**

City **PANAMA CITY BEACH, FL** Zip Code **32413**

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

*Marylee Hans*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDT  
LINCOLN, MARYLEE  
1714 WEST 23RD ST  
PANAMA CITY FL 32405** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARYLEE HANS** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
OAKES, STEPHANIE L.  
1714 WEST 23RD ST  
PANAMA CITY FL 32405** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Marylee Hans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03**

Date

**850 769-9634**

Daytime Phone #

CR2E034 (10/02)