

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90164 010 ***150.00

DOCUMENT # J47685

1. Entity Name
UNIVERSAL AIR SERVICE OF FLORIDA, INC.



Principal Place of Business
**359 N CRYSTAL LAKE DR
ORLANDO FL 32803
US**

Mailing Address
**P.O. BOX 533985
ORLANDO FL 32853
US**



2. Principal Place of Business

201 NILSON WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

4. FEI Number

59-2759429

Applied For
Not Applicable

Zip

32803

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENLEY, ROY L
6550 WYNN LANE
GROVELAND FL 34736**

7. Name and Address of New Registered Agent

Name **Roy L. Henley**
Street Address (P.O. Box Number is Not Acceptable)
201 Nilson Way
City **Orlando** FL Zip Code **32803**

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

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

TITLE **PSTD** ☒ Delete
NAME **HENLEY, ROY L**
STREET ADDRESS **6550 WYNN LANE**
CITY-ST-ZIP **GROVELAND FL 34736**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **HENLEY, Roy L.**
STREET ADDRESS **201 NILSON WAY**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED Roy L. HENLEY 1/17/03

407 256 0903

CR2E034 (10/02)