

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

08-20-2002 90126 042 \*\*\*550.00

80134608



DO NOT WRITE IN THIS SPACE

**DOCUMENT # K19139**

1. Entity Name  
**AHO AIR, INC.**

Principal Place of Business  
**7130 GEORGIA AVE**  
**W PALM BEACH FL 33405**  
**US**

Mailing Address  
**7130 GEORGIA AVE**  
**W PALM BEACH FL 33405**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0044439**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**AHO, WILLIAM D**  
**1704 KATHERINE C OURT**  
**LAKE WORTH FL 33461**

Name **Aho, William O.**  
 Street Address (P.O. Box Number is Not Acceptable) **1386 PEBBLE RIDGE LANE**  
 City **WEST PALM BCH** FL Zip Code **33411**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/14/02**  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **DPT**  
 NAME **AHO, GLENN W.** ☐ Delete  
 STREET ADDRESS **16153 68 ST N**  
 CITY-ST-ZIP **LOXAHATCHEE FL**

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

TITLE **VPS**  
 NAME **AHO, WILLIAM O.** ☐ Delete  
 STREET ADDRESS **1704 KATHERINE CT**  
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1386 PEBBLE RIDGE LANE**  
 CITY-ST-ZIP **WEST PALM BCH, FL 33411**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 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]* **RENEWED** **Aho VPS** **8/14/02** **561-547-7414**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)