

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90100 035 \*\*\*150.00

DOCUMENT # K54362

1. Entity Name

OCEANAIR AVIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

% JAMES B. CURASI

PO BOX 10169

TALLAHASSEE FL 32302-2169

% JAMES B. CURASI

PO BOX 10169

TALLAHASSEE FL 32302-2169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2721354

Applied For

Not Applicable

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

CURASI, JAMES B.

3250 CAPITAL CIR., SW

TALLAHASSEE FL 32310

Name

Street Address (P.O. Box Number is Not Acceptable)

3240 CAPITAL CIR SW

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, 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  
D  
CURASI, JAMES B.  
3250 CAPITAL CIR., SW  
TALLAHASSEE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
3240 CAPITAL CIR SW

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B. CURASI

4/24/01

Date

850-576-8492

Daytime Phone #

CR2E034 (10/00)