

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90018 005 \*\*\*150.00

**DOCUMENT # K85136**

1. Entity Name

**LYNX AIR INTERNATIONAL, INC.**

Principal Place of Business

5500 NW 21ST TERRACE  
HANGER 24  
FT. LAUDERDALE FL 33309  
US

Mailing Address

P O BOX 407138  
FT. LAUDERDALE FL 33340-7138  
US

2. Principal Place of Business

2525 N.W. 55th Court  
Suite, Apt. #, etc.  
Hanger 24

3. Mailing Address

2525 N.W. 55th Court  
Suite, Apt. #, etc.  
Hanger 24

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

6. Name and Address of Current Registered Agent

TONKS, LINDA G.

5500-NW-21ST-TERRACE 2525 N.W. 55th Court  
HANGER 24  
FT. LAUDERDALE FL 33309

4. FEI Number

65-0116593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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	STD	<input type="checkbox"/> Delete
NAME	DEMICK, ROBERT	
STREET ADDRESS	3605 HIGH PINE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SOUTHERLAND, CRAIG A.	
STREET ADDRESS	P.O. BOX 91 N/A	
CITY-ST-ZIP	CROWDER MS 38622	
TITLE	CD	<input type="checkbox"/> Delete
NAME	TONKS, ALAN	
STREET ADDRESS	12775 MEADOWBREEZE DR.	
CITY-ST-ZIP	W. PALM BEACH FL 33414	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TONKS, LINDA G	
STREET ADDRESS	12775 MEADOWBREEZE DR.	
CITY-ST-ZIP	W. PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	GURR, ED	
STREET ADDRESS	876 CRACKER STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, KEN	
STREET ADDRESS	642 HITECH PARKWAY	
CITY-ST-ZIP	OAKDALE CA 95361	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert Kelly	
STREET ADDRESS	50 Stirling Road	
CITY-ST-ZIP	Warren, NJ. 07060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** Linda G. Tonks **LINDA G. Tonks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 27, 2000** **954-491-7576**

Date

Daytime Phone #