

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90220 044 ***150.00

DOCUMENT # L01000005986

1. Entity Name
PARROTT AIR, LLC

Principal Place of Business

**200 AVIATION DR. NORTH. STE. 4
 NAPLES FL 34104**

Mailing Address

**200 AVIATION DR. NORTH. STE. 4
 NAPLES FL 34104**

2. Principal Place of Business

**5672 Strand Ct
 Suite, Apt. #, etc.
 Suite 3**

3. Mailing Address

**5672 Strand Ct
 Suite, Apt. #, etc.
 Suite 3**

City & State

Naples FL

City & State

Naples FL

Zip

34110

Country

Zip

34110

Country

4. FEI Number

65-1109321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GODE, LARRY
 5672 STRAND CT., STE. 3
 NAPLES FL 34119**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete
 NAME **P Larry Gode**
 STREET ADDRESS **5672 Strand Ct Suite 3**
 CITY-ST-ZIP **Naples, FL 34110**

10. ADDITIONS / CHANGES

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-02 941-591-4231

CR2E083 (9/01)