

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90229 018 ****55.00

DOCUMENT # L02000026640

1. Entity Name

POLAR BEAR AIR LLC



Principal Place of Business

1509 CARTER OAKS DRIVE
VALRICO FL 33594

Mailing Address

1509 CARTER OAKS DRIVE
VALRICO FL 33594

2. Principal Place of Business

2702 Breakwater CT

3. Mailing Address

2702 Breakwater CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Brandon FL

4. FEI Number

55-0801051

Applied For

Not Applicable

Zip

33511

Country

Hillsborough

Zip

33511

Country

Hillsborough

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILES, PAUL D
1509 CARTER OAKS DRIVE
VALRICO FL 33594

ADDRESS
CHANGE

7. Name and Address of New Registered Agent

Name PAUL D. Miles

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

2702 Breakwater CT

City Brandon

FL

Zip Code 33511

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

Paul D. Miles

Paul D. Miles

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGING MEMBER

☐ Change ☒ Addition

PAUL T. Miles 1509 CARTER OAKS DR
VALRICO FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGING MEMBER

☐ Change ☒ Addition

ELLY MILES
1509 CARTER OAKS DR VALRICO FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGING MEMBER

☐ Change ☒ Addition

NANCY C. MILES
2702 BREAKWATER CT
BRANDON FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Paul D. Miles

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

Date

Daytime Phone #

4-15-03

813
766 7020

CR2E083 (10/02)