

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000442**

1. Entity Name
AIR-1 AIRCRAFT, LLC

FILED

00 JAN 24 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O JAMES A. MARTIN, JR.
625 COURT STREET, SUITE 200
CLEARWATER FL 33756

Mailing Address
C/O JAMES A. MARTIN, JR.
625 COURT STREET, SUITE 200
CLEARWATER FL 33756-5505



2. Principal Place of Business
14609 Airport Parkway
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater FL
Zip
33762

City & State
Country

4. FEI Number
59-3554246

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JAMES A JR
625 COURT STREET, SUITE 625
CLEARWATER FL 33756

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
GONZALEZ, HERBERT
14609 AIRPORT PARKWAY
CLEARWATER FL 33762

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

600003118136--9
-02/01/00--01059--006
*******50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
MARKS, KEN
14609 AIRPORT PARKWAY
CLEARWATER FL 33762

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
BRANDON, DAVID
14609 AIRPORT PARKWAY
CLEARWATER FL 33762

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #