

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L990000000442

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

3. Mailing Address

14609 Airport Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater FL

Zip

Country

Zip

Country

33762

4. FEI Number

59-3554246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 MGR
NAME GONZALEZ, HERBERT
STREET ADDRESS 14609 AIRPORT PARKWAY
CITY- ST- ZIP CLEARWATER FL 33762 ☐ Delete

TITLE
NAME
STREET ADDRESS 600003118136--9
CITY- ST- ZIP -02/01/00--01059--006
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGR
NAME MARKS, KEN
STREET ADDRESS 14609 AIRPORT PARKWAY
CITY- ST- ZIP CLEARWATER FL 33762 ☐ Delete

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

TITLE MGR
NAME BRANDON, DAVID
STREET ADDRESS 14609 AIRPORT PARKWAY
CITY- ST- ZIP CLEARWATER FL 33762 ☐ Delete

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

TITLE
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CITY- ST- ZIP ☐ Delete

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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 #