

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90128 018 \*\*\*550.00

**DOCUMENT # M26139**

1. Entity Name  
**HIGHSMITH AIR, INC.**



Principal Place of Business  
**401 WEST MINSTER STREET**  
**P.O. BOX 617260**  
**ORLANDO FL 32803**  
**US**

Mailing Address  
**P.O. BOX 547902**  
**ORLANDO FL 32803**  
**US**



2. Principal Place of Business  
*18704 Hewlett Rd*

3. Mailing Address  
*18704 Hewlett Rd*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Orlando, FL*

City & State  
*Orlando FL*

4. FEI Number **59-2629145** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip *32820* Country *US* Zip *FL 32820* Country

6. Name and Address of Current Registered Agent  
**HIGHSMITH, EDWIN G.**  
**401 WEST MINSTER ST**  
**ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>HIGHSMITH, EDWIN G.</b> <b>5936 FOREST GROVE BLVD.</b> <b>ORLANDO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.

SIGNATURE: *[Signature]* **7-15-02** **407-895-1111**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)