2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M56031

1. Entity Name

SIGNATURE:

AIRPORT CONSULTANTS, INC.

AIIII OIII	CONOCETAINTO, INC.					02-28-20	001 90014	1 004 ***	150.00	
240 Driando Fl 32821		Mailing Address 6751 FORUM DR 240 ORLANDO FL 32821 US 3. Mailing Address				1 112 8 1 1211 18181 1	TRE SIGN ANGEL OF	1 11 11811 2 1611 1	14 611 (*18 11 1 88	I
2. Principal Place of Business				DO NOT WRITE IN THIS SPACE						
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State		00 0022440					Applied Fo	
Zip	Country	Zip	Country	5. Cer	tificate of S	Status Desired		\$8.75 A Fee Requi	dditional	ai):e
	6. Name and Address of Current Re	gistered Agent		7. Nar	ne and Ad	Idress of New	Registered			
	ANNWALLED LOUIS M. FSO		Name					·		
OCE/	Man-Waller, Louis M., Esq. An Bank Bldg, Suite 350 Lejeune Road	Street		ldress (P.O. Box Number is Not Acceptable)						
	li FL 33126							7: 0		
	named entity submits this statement for the		City				F	Zip Co	ode	
SIGNATURE _ 9. This corpo Tax filing r	Signature, typed or printed name of registered agent and viration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! After MAY 1, 200	Registered Agont signature requirements \$150.00 The Fee will be \$550.0	uired when reinst	ating)	on Campaign Fund Contribu	DATE		.00 May !	
	ia on back)		le to Department of S							
TITLE NAME STREET ADDRESS OTY-ST-ZIP	PSD HILLMAN-WALLER, EDUARDO 7270 NW 12 ST STE 875 MIAMI FL	RECTORS Defete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDI	TIONS/CF	HANGES TO O	FFICERS AN	ID DIRECTO		dition
TITLE NAME STREET ADDRESS (CITY-ST-ZIP	VTD BIRK, RONALD F. 6751 FORUM DR, STE 875 ORLANDO FL	☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP		·			☐ Chang	e 🔲 Adi	dition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Chang	e □ Ad	dition
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TITLE MAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	•.				☐ Chabg	je 🗌 Ad	dditien
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Chanç	ge 🔲 Ad	dd:tion
indicated of the cor	certify that the information supplied with t I on this report or supplemental report is t rporation or the receiver or trustee empov , or on an attachment with an address, wi	rue and accurate and that n vered to execute this report	ny signature shall have as required by Chapter	the same le	gal effect a	as if made und	ler oath: that	Lam an offi	cer or direa	eter

FILED Feb 28, 2001 8:00 am Secretary of State

5034 (10/00)

CR2E034 (

07-370-4660