1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M79570

1. Corporation Name

AIRPORT BUSINESS CENTER, INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90039 003 ***150.00



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· ·	ace of Business	Mai	ling Address							
651 PINE FOREST DRIVE 651 PINE FOREST DRIVE BRANDON FL 33511 BRANDON FL 33511										
							DO NOT WRI	TE IN THIS	SPACE	
							3. Date Incorporated or Qualifed 05/05/1988			,
2. Principal	Place of Business	2a.	Mailing Address			***	4. FEI Number			Applied For
21	•	26	•				59-2921985		_ 	Not Applicable
Suite, Ap	t. #. etc.		Suite, Apt. #, etc.				33 232 1903			
22			27				5. Certifcate of Status Desired			Additional Required
City & Sta	ate	_	City & State				6. Election Campaign Financing	П	\$5.0	May Be
23		28					Trust Fund Contribution			to Fees
Zip·	Country	Z	Zip	Cou	intry		8. This corporation owes the curr	ent year In	tangible	
24	25	29		30			Personal Property Tax.	•	∐Yes	⊈ No
	9. Name and Address of Curre	nt Registe	red Agent				10. Name and Address of New F	Registered	Agent	- •
	189 mark	,		*	81	Name	· · · · · · · · · · · · · · · · · · ·			
FU	LLER, SUSAN									
हर्मा 65 1	1 PINE FOREST DRIVE	,			82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
BR.	ANDON FL 33511				83	 .	# 5 80 8 1 7 4 25 26 2 3 2 4 55 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n atanii . n - Gr. atani	3 (*15.) (*) 3 (*) (*)	C NORTH SOME TRANS
					33					
					84	City	***		85 Zip	Códe
pre par roy	ammy region							FL	.	Į
office or	it to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida	Such change was a	authorized	t hv ti	-named corpo he corporation	ration submits this statement for the n's board of directors. I hereby accep	purpose of it the appoi	changing if intment as r	s registered egistered
SIGNATURE	· ·									
0.0.0.0.0.0										
	Signature, typed or printed name of registered age	ent and title if a	pplicable. (NOTI	E: Registered	Agent	signature required	when reinstating)	DATE	****	, ,
12.	OFFICERS AN			E: Registered	Agent	signature required	****		ND DIRECT	ORS IN 12
12.				-		signature required	ADDITIONS/CHANGES TO OF		ND DIRECT	
	OFFICERS AN		TORS	13.	TLE	signature required	****			
TITLE NAME	PVS FULLER, SUSAN		TORS	13. 1.1 TIT 1.2 NA	TLE ME		ADDITIONS/CHANGES TO OF			
NAME STREET ADDRESS	PVS FULLER, SUSAN 651 PINE FOREST DRIVE		TORS	13. 1.1 TIT 12 NA 1.3 ST	TLE ME REET A	ADDRESS	ADDITIONS/CHANGES TO OF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS FULLER, SUSAN s 651 PINE FOREST DRIVE BRANDON FL		TORS DELETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT	TLE ME REET A	ADDRESS	ADDITIONS/CHANGES TO OF		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVS FULLER, SUSAN s 651 PINE FOREST DRIVE BRANDON FL TD		TORS	13. 1.1 TIT 12 NA 1.3 ST 1.4 CI 2.1 TIT	TLE ME REET A TY-ST- TLE	ADDRESS	ADDITIONS/CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVS FULLER, SUSAN s 651 PINE FOREST DRIVE BRANDON FL TD FULLER, SUSAN		TORS DELETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT	TLE ME REET A TY-ST- TLE	ADDRESS	ADDITIONS/CHANGES TO OF		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVS FULLER, SUSAN 651 PINE FOREST DRIVE BRANDON FL TD FULLER, SUSAN 651 PINE FOREST DRIVE		TORS DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA	TLE ME REET A TY-ST- TLE ME	ADDRESS	ADDITIONS/CHANGES TO OF		☐ Change	Addition
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14. 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 annual report or supplemental annual 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 officer or director of the o

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP