

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91194 030 ***150.00

DOCUMENT # M83597

1. Entity Name

R.S. AIR, INC.

Principal Place of Business

Mailing Address

420 US HWY # 1
 STE 150
 N. PALM BEACH FL 33408
 US

420 US HWY # 1
 STE 150
 N. PALM BEACH FL 33408
 US

2. Principal Place of Business

132 WETTAW LN.

3. Mailing Address

132 WETTAW LN.

Suite, Apt. #, etc.

SUITE # 111

Suite, Apt. #, etc.

SUITE # 111

City & State

NORTH PALM BEACH FL.

City & State

NORTH PALM BEACH FL.

Zip

33408

Country

USA

Zip

33408

Country

USA

6. Name and Address of Current Registered Agent

NEVINS, ROBERT C III
 420 US HWY #1
 STE 150
 N. PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

ROBERT C. NEVINS III

Street Address (P.O. Box Number is Not Acceptable)

132 WETTAW LN SUITE # 111

CITY NORTH PALM BEACH

FL

Zip Code 33408

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

ROBERT C. NEVINS III RUCN-III

5/11/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when reinstating

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

FILE NOW!
 After MAY 1, 2001
 Make Check Payable to Department of State

FEE IS \$150.00
 Fee will be \$550.00
 to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEVINS, ROBERT C III	
STREET ADDRESS	420 US HWY #1, STE 150	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT C. NEVINS III	
STREET ADDRESS	132 WETTAW LN. SUITE # 111	
CITY-ST-ZIP	NORTH PALM BEACH FL. 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. NEVINS III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUCN-III 5/11/2001 (561) 844-5253

Date

Daytime Phone #

CR2E034 (10/00)