

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90322 005 \*\*\*150.00

DOCUMENT # P000000 10370

1. Entity Name

Every Air Aircraft Sales Corporation

Principal Place of Business

Mailing Address

17760 Fieldbrook Circle  
 Boca Raton, FL 33496

17760 Fieldbrook Circle  
 Boca Raton, FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Duluth, GA

30097

USA

4. FEI Number

65-0996998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

553494

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Wollstein, Cynthia  
 17760 Fieldbrook Circle  
 Boca Raton, FL 33496

Name

Wollstein, Cynthia

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

190 NW 20th Street

City

Boca Raton

FL

Zip Code

33431

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 C. Wollstein

C. Wollstein

4/27/01

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**

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BP	<input type="checkbox"/> Delete
NAME	Wollstein, Edward	
STREET ADDRESS	17760 Fieldbrook Circle	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	MS	<input type="checkbox"/> Delete
NAME	Wollstein, Cynthia	
STREET ADDRESS	17760 Fieldbrook Circle	
CITY-ST-ZIP	Boca Raton, FL 33496	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3030 Castle Pines Drive	
CITY-ST-ZIP	Duluth, GA 30097	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3030 Castle Pines Drive	
CITY-ST-ZIP	Duluth, GA 30097	
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 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 empowered.

SIGNATURE: C. Wollstein

C. Wollstein

4/27/01

678-473-0243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)