

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90258 026 \*\*\*158.75

UNIFORM  
UBR

**DOCUMENT # P00000030037**

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



Principal Place of Business  
**5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707**

Mailing Address  
**5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 41847**  
Suite, Apt. #, etc.

City & State  
**ST. PETERSBURG, FL**

Zip  
**33743-1847**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**FLEMING, LINDA L  
401 EAST JACKSON STREET  
SUITE 2500  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name  
**SHER, CRAIG H.**

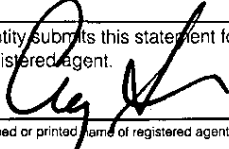
Street Address (P.O. Box Number is Not Acceptable)  
**5858 CENTRAL AVENUE**

City  
**ST. PETERSBURG**

State  
**FL**

Zip Code  
**33707**

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 **4-25-03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>SEMBLER, MELVIN F</b> <b>5858 CENTRAL AVENUE</b> <b>ST. PETERSBURG FL 33707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:  DATE **1/9/03** DAYTIME PHONE # **727-384-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)