

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90065 001 ***150.00

0017883 AV

DOCUMENT # P00000032070

1. Entity Name

ISLAND AIR, INC.

Principal Place of Business

Mailing Address

434 BOUCHELLE DRIVE

434 BOUCHELLE DRIVE

#402

#402

NEW SMYRNA BEACH FL 32169-5493

NEW SMYRNA BEACH FL 32169-5493

2. Principal Place of Business

3. Mailing Address

604 Skyline Dr.

604 Skyline Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

New Smyrna Bch, FL

New Smyrna Bch FL

Zip

Zip

Country

Country

32168

Volusia

32168

Volusia

4. FEI Number

59-3637276

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMP, DONALD L

434 BOUCHELLE DRIVE

#402

NEW SMYRNA BEACH FL 32169-5493

Name

William T. Cravasse, Jr.

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

604 Skyline Dr.

City

New Smyrna Bch

FL

Zip Code

32168

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-02

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable 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 D ☐ Delete
 NAME CAMP, DONALD L
 STREET ADDRESS 434 BOUCHELLE DRIVE #402
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169-5493

TITLE President ☒ Change ☐ Addition
 NAME William T. Cravasse
 STREET ADDRESS 604 Skyline Dr
 CITY-ST-ZIP New Smyrna Bch, FL 32168

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William T. Cravasse, Jr. President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

Date

386 423-1773

Daytime Phone #

CR2E034 (9/01)