

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041620

1. Entity Name
AIR EXPRESS ORLANDO, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90222 050 ***150.00

Principal Place of Business
2664 NORTH DESIGN COURT
SANFORD FL 32773

Mailing Address
2664 NORTH DESIGN COURT
SANFORD FL 32773

2. Principal Place of Business

3. Mailing Address
838 Gratton St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Chicopee, MA

4. EEL Number

58-2539520

Applied For

Not Applicable

Zip

Country

Zip

Country

01020

USA

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

GELINAS, PAUL
2664 NORTH DESIGN COURT
SANFORD FL 32773

Name

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

City

FL

Zip Code

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D GELINAS, PAUL 2664 NORTH DESIGN COURT SANFORD FL 32773	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Paul R. Gelinas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul R. Gelinas

5-1-01

Date

(413) 536-8873

Daytime Phone #

CR2E034 (10/00)