John McKnight

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 90691 003 ***150.00

553549

DOCUMENT # P00000056286

1. Entity Name
AIRE2000.COM, INC.

Principal Place of Business
1881 FEATHER TREE CIRCLE
CLEARWATER, FL 33765

Mailing Address
SAME

2. Principal Place of Business: 1881 FEATHER TREE CIR
Suite, Apt. #, etc.
City & State: CLEARWATER, FL
Zip: 33765 Country: PINELLAS

3. Mailing Address: SAME
Suite, Apt. #, etc.: SAME
City & State: SAME
Zip: SAME Country: SAME

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3677740 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAM K. LOVELACE
401 S. LINCOLN AVE.
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent
Name: SAME
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	JOHN MCKNIGHT JR / 1301 SEMINOLE BLVD / LARGO FL 33770 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEBRA WADE, SEC, / 1204 MAGDALENE GROVE AVE / TAMPA, FL 33613 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Debra Wade SECRETARY 4-30-01 727 287-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #