

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90204 021 \*\*\*150.00

**DOCUMENT # P00000083471**

1. Entity Name

**AIRPORT OUTSOURCE, INC.**

Principal Place of Business

**6724 CANARY PALM CIRCLE**  
**BOCA RATON FL 33433**

Mailing Address

**6724 CANARY PALM CIRCLE**  
**BOCA RATON FL 33433**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

DO NOT WRITE IN THIS SPACE

04-368-0641

4. FEI Number

**APPLICATOR**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**TOWNER, MICHAEL**  
**225 NE MIZNER BLVD SUITE 300**  
**BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

**NEW ADDRESS**

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

**1877 So Federal Hwy # 308**  
**BOCA RATON FL 33432**

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

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

*Joann Smalarz*  
 (NOTE: Registered Agent signature required when reinstating)

*4/28/02*  
 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, 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

 TITLE **PT** ☐ Delete  
 NAME **JONES-INGLE, MEGAN**  
 STREET ADDRESS **7721 ALHAMBRA BLVD**  
 CITY-ST-ZIP **MIRAMAR FL 33023**

 TITLE **S** ☐ Delete  
 NAME **SMALARZ, JOANN**  
 STREET ADDRESS **6724 CANARY PALM CIRCLE**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
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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:

*Joann Smalarz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/02*  
 Date

*561/750-8977*  
 Daytime Phone

CR2E034 (9/01)