

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


**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

6/1

06-16-2003 90140 021 \*\*\*150.00

DOCUMENT # P 000000 83471 (L)

1. Entity Name  
AIRPORT OUTSOURCE, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6724 Canary Palm Cir  
Suite, Apt. #, etc.  
Boca Raton FL  
City & State  
Zip 33433 Country USA

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

4. FEI Number  
04-368-0641  
Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name: JOHANN SMALARZ  
Street Address (P.O. Box Number is Not Acceptable): 1877 So Federal Hwy #308  
City: BOCA RATON FL Zip Code: 33438

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: Johann Smalarz (NOTE: Registered Agent signature required when reinstating)  
DATE: 6/01/03

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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: PT NAME: JONES-INGIE, MEGAN STREET ADDRESS: 7724 ALHAMBRA BLVD CITY-ST-ZIP: MIAMI, FL 33023	[REDACTED]
TITLE: S NAME: JOHANN SMALARZ STREET ADDRESS: 6724 CANARY PALM CIRCLE CITY-ST-ZIP: BOCA RATON, FL 33433	[REDACTED]
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	[REDACTED]
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	[REDACTED]
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	[REDACTED]
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	[REDACTED]
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	[REDACTED]

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Johann Smalarz (JOHANN SMALARZ) 6/01/03 561-750-8977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment 55050441  
P00000083471

JOANN SMALARZ  
6724 CANARY PALM CIRCLE  
BOCA RATON, FL 33433

5617508977

Request taken by: mjacobs  
05-14-2003

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

6/1/03

To Whom It May Concern:

Please accept our check for \$150.00 for  
YBR dues. We never received the original  
form and called to obtain one as we  
were looking over documents and noticed we  
had not received it. We are a new business  
but no work as of yet. Thank you  
JOANN SMALARZ