

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086739

1. Entity Name
BUC-N-AIR, INC.

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90005 009 ***550.00

Principal Place of Business

Mailing Address

2505 47TH STREET SW
NAPLES FL 34110

2505 47TH STREET SW
NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

200 Fairchild Street N.

200 Fairchild Street N.

Suite, Apt., etc.

Suite, Apt., etc.

Unit 4

Unit 4

City & State

City & State

Naples, FL

Naples, FL

Zip

Zip

34104

34104

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

59-3670194

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of New Registered Agent

Name

John Zimmerman

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

200 Fairchild Street N.

Unit 4

City

Naples

FL

Zip Code

34104

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)

8/22/2001

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	Director	<input checked="" type="checkbox"/> Delete
NAME	Albert T. Cooper	
STREET ADDRESS	200 Fairchild Street N Unit 4	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	Director	<input type="checkbox"/> Delete
NAME	John Zimmerman	
STREET ADDRESS	200 Fairchild Street N. Unit 4	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/01 941-261-8615

Date

Daytime Phone #

0398145

CR2E034 (10/00)