

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

FILED
Apr 03, 2002 8:00 A.M
Secretary of State

DOCUMENT # P01000000597

1. Entity Name

Airline Inventory Management Co., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1239 E. Newport Ctr. Dr.

3. Mailing Address

1239 E. Newport Ctr. Dr.

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

114

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip 33442

Country Broward

Zip 33442

Country Broward

DO NOT WRITE IN THIS SPACE

4. FFL Number

65-1084389

Applied For

Not Applicable

5. Certificate of Status Desired

☒ x

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Ellen Clausen

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

1239 E. Newport Center Dr., Suite #114

City Deerfield Beach

FL

Zip Code 33442

**DO NOT WRITE
IN THIS SPACE**

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

Ellen Clausen

March 19, 2002

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 D
NAME Ellen Clausen
STREET ADDRESS 1239 E. Newport Center Dr. #114
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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****635.00 ****158.75

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

SIGNATURE:

Ellen Clausen

March 19, 2002

954-4298600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)