

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90057 019 ***150.00

0093364 FP

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1. Entity Name
ICC AIR CHARTER SERVICES, INC.



Principal Place of Business
**32700 U.S. 19 NORTH
PALM HARBOR FL 34684**

Mailing Address
**32700 U.S. 19 NORTH
PALM HARBOR FL 34684**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3705982**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
PLANES, WILLIAM P
854 CYPRESS LAKEVIEW CT
TARPON SPRINGS FL 34689** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dir/Pres/CEO
William P. Planes
854 Cypress Lakeview Ct.
Tarpon Springs, FL 34689** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PALLOS, STEVE
10000 U.S HWY . 98, NO., #972
LAKELAND FL 33809** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
PLANES, REGINA M
854 CYPRESS LAKEVIEW CT
TARPON SPRINGS FL 34689** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Regina M. Planes
854 Cypress Lakeview Ct.
Tarpon Springs, FL 34689** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WHITE, LANGFRED W
2094 ASHBURY DR
CLEARWATER FL 33764** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secy/Sr.VP
Langfred W. White
2094 Ashbury Dr.
Clearwater, FL 33764** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
NOLL, DEBORAH
4168 AMBER LANE
PALM HARBOR FL 34685** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Asst.Secy/Treas/Cont.
Deborah V. Noll
4168 Amber Lane
Palm Harbor, FL 34685** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANGFRED W. WHITE

Date

Daytime Phone #

CR2E034 (10/02)