

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90411 037 ***150.00

DOCUMENT # P01000035155

1. Entity Name
NAPLES AIR, INC.



Principal Place of Business
**100 AVIATION DR. SOUTH
STE. 101
NAPLES FL 34104**

Mailing Address
**100 AVIATION DR. SOUTH
STE. 101
NAPLES FL 34104**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3706047**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EIDSON, APRIL Y~~ **Catherine Dutton**
**100 AVIATION DR. SOUTH
STE. 101
NAPLES FL 34104**

Name **Catherine Dutton**
Street Address (P.O. Box Number is Not Acceptable)
5147 Inagua Way
City **Naples** FL **34109**

8. The above named entity certifies 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 **P** ☒ Delete
NAME **EIDSON, LAWRENCE**
STREET ADDRESS **4001 SANTA BARBARA BLVD. #239**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **President** ☒ Change ☐ Addition
NAME **Jon W. Fay**
STREET ADDRESS **5147 Inagua Way**
CITY-ST-ZIP **Naples FL 34109**

TITLE **VS** ☒ Delete
NAME **EIDSON, APRIL Y**
STREET ADDRESS **4001 SANTA BARBARA BLVD. #239**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **Vice President, Sec.** ☒ Change ☐ Addition
NAME **Catherine Dutton**
STREET ADDRESS **5147 Inagua Way**
CITY-ST-ZIP **Naples FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)