FILED
Aug 01, 2003 8:00 am
Secretary of State
05-02-2003 90088 016 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052914 D

1. Entity Name
FOUR FOX AIR, INC.

44005681

[redacted]

Principal Place of Business	Mailing Address
ST PETERSBURG/CLEARWATER INTNL AIRPORT	ST PETERSBURG/CLEARWATER INTNL AIRPORT
14695 AIRPORT PKWY	14695 AIRPORT PKWY
CLEARWATER FL 33762	CLEARWATER FL 33762

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 680172274 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARNARD, DOUGLAS J ESQ
248 FIRST AVE., NORTH
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name BARNARD DOUGLAS J. ESQ
Street Address (P.O. Box Number is Not Acceptable) 1041 SOUTH EAST 17th St.
PENTHOUSE.
City FORT LAUDERDALE FL Zip Code 33316-2124

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	D FOX, STEPHEN 14695 AIRPORT PKWY CLEARWATER FL 33762 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 FEB 7/03 727-538-0318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #