09-05-2002 90040 005 \*\*\*150.00

## **DOCUMENT#** P01000099289

1. Entity Name

FLORIDA AIR POWER, INC.

Principal Place of Business

13131 B 92ND ST. NORTH

Mailing Address

13131 R 92ND ST NORTH

LARGO FL 33773	LARGO FL 33773			1807) BB(18 18118 18118 1806) AUGU 1801 1811 (BB)
2. Principal Place of Business Suite, Apt. 1, etc.	3. Mailing Address	e ter. N	DO NOT WRITE	IN THIS SPACE
City & State	City & State	P/.	4. FEI Number 115390	Applied For Not Applicable
6. Name and Address of Curren	337.77	Finellas	Certificate of Status Desired.     Name and Address of New Regi	Fee Required
LEMIRE, DIANNE M 8060 ROSE TERR. NORTH LARGO FL 33777		Name Street Address (I	P.O. Box Number is Not Acceptable)	FL Zip Code
8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent.	Lenire	egistered office or registered  Diana  Registered Agent signature required	em Semile	
Tax filing requirement and elects to do so.  After September 13, 2		FEE IS \$550.00 2002 Fee will be \$750.0 to Department of Stat		sing \$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP  OFFICERS AND  OFFIC	☐ Delete	112.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11  Change Addition
CITY-ST-ZIP SOLO ROSE TO	mile L.N 3777	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE SON DELLEM	Delete	TITLE		Change

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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

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:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition

Attachment #P01000099289

To whom it may concern:

I am writing to you to inform you that I did not receive the uniform business report in the mail. This is the first year our business has started and I did not know that this was something that needed to be done. Since we are so new the company cannot afford to pay these high penalty fines. I wanted to know that if there was anyway we could oversee the fines for this year or maybe reduce the high costs. Thank you for your time and for considering this.

Thank you

Dianne M Lemire

Vice President