

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-02-2003 90202 015 ***550.00

DOCUMENT # P02000004844

1. Entity Name
EDWARD'S AIR, INC.



Principal Place of Business
**134 SHERWOOD CIR., #168
JUPITER FL 33458**

Mailing Address
**134 SHERWOOD CIR., #168
JUPITER FL 33458**

2. Principal Place of Business
PAIM Beach County
Suite, Apt. #, etc.

3. Mailing Address
6019 Fleming ST
Suite, Apt. #, etc.

City & State

City & State
Jupiter FL

4. FEI Number
99-3414427

Applied For
☐ Not Applicable

Zip Country

Zip Country
33458 U.S.A.

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

**DEJESUS, EDWARD
134 SHERWOOD CIR., #168
JUPITER FL 33458**

Name **Edward M. DeJesus**
Street Address (P.O. Box Number is Not Acceptable)
6019 Fleming ST
City **Jupiter** FL Zip Code **33458**

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]

(NOTE: Registered Agent signature required when reinstating)

1-17-03

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

TITLE **Edward M. DeJesus** ☐ Delete
NAME
STREET ADDRESS **6019 Fleming ST Jupiter**
CITY-ST-ZIP **FL 33458 (President)**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03 (56) 262-1174

Date

Daytime Phone #

CR2E034 (10/02)