

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

04-30-2003 90128 031 ***150.00

DOCUMENT # P02000101850

1. Entity Name
AIR TAXI DISTRIBUTION SYSTEMS, INC.



Principal Place of Business
P.O. BOX 263273
WESTON FL 33326

Mailing Address
P.O. BOX 263273
WESTON FL 33326

55051785



2. Principal Place of Business

10100 WEST Sample Rd

3. Mailing Address

Same

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
316

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

4. FEI Number

48-1302399

Applied For

Not Applicable

Zip
33065

Country

USA

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

KIELKUCKI, DAVE
6246 N.W. 82ND DRIVE
PARKLAND FL 33067

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
PARTNER
MARK Sidelbottom
1337 ST. TRAPEZ CR. #208
WESTON FL 33326

☐ Delete

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

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☐ 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

02-03-03

Date

Daytime Phone #

CR2E034 (10/02)