

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32673

1. Entity Name

CONTINENTAL AVIATION SERVICES INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90108 048 ***150.00

Principal Place of Business

Mailing Address

200 PATRIOT WAY
NAPLES FL 34104
US

4820 BAYSHORE DR. STE. D
NAPLES FL 34112-7337
US

2. Principal Place of Business

3. Mailing Address

200 Patriot Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL 34104

4. FEI Number

75-2302652

Applied For

Not Applicable

Zip

Country

Zip

Country

34104

US

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

LENNANE, JAMES P.
4820 BAYSHORE DR., STE. D
NAPLES FL 33962

Name

James P. Lennane

Street Address (P.O. Box Number is Not Acceptable)

200 Patriot Way

Naples XXXX XXXX 34104

City

Naples

FL

Zip Code
34104

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

9. This Corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
BYOUK, BETTE
7032 PELICAN BAY BLVD 104
NAPLES FL 34108 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
LENNANE, JAMES P
4228 GORDON DR.
NAPLES FL 34102 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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

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:

Bette Byouk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000 (941) 435-0600

Date

Daytime Phone #

CF 21 034 (9/98)