

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # **P32673**

1. Entity Name
CONTINENTAL AVIATION SERVICES INC.

Principal Place of Business
200 PATRIOT WAY
NAPLES FL 34104 US

Mailing Address
200 PATRIOT WAY
NAPLES FL 34104 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
75-2302652

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LENNANE, JAMES P.
4820 BAYSHORE DR., STE. D

NAPLES FL 33962 US

7. Name and Address of New Registered Agent

Name
LENNANE, JAMES P.

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

City Zip Code
NAPLES FL 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 _____ DATE **04/24/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TS 04/24/2001

Date Daytime Phone #

CR2E034 (11/00)