

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90045 028 ***150.00

DOCUMENT # P93000076852

1. Entity Name
AIRBORNE VIDEOGRAPHY INCORPORATED

Principal Place of Business

Mailing Address

TERRASANTA
PENSACOLA FL 32504

6503 TERRASANTA
PENSACOLA FL 32504-7881
US

00070403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3211062**

Applied For

Not Applicable

Zip

Country

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

BANKS, JEFFERY L
6503 TERRASANTH
PENSACOLA FL 32504

T-YPOGRAPHICAL
ERROR -
SHOULD BE
TERRASANTA
-PLEASE CORRECT

Name
BANKS, JEFFERY L.

Street Address (P.O. Box Number is Not Acceptable)
6503 TERRASANTA

City **PENSACOLA**

FL

Zip Code **32504**

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 *Jeffery L. Banks* **JEFFERY L. BANKS DIRECTOR**

DATE **4/18/2000**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BANKS, JEFFERY L	
STREET ADDRESS	6503 TERRASANTA	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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: *Jeffery L. Banks* **JEFFERY L. BANKS**

DATE **4/18/2000**

Daytime Phone # **850 476 0370**

CR2E034 (9/99)