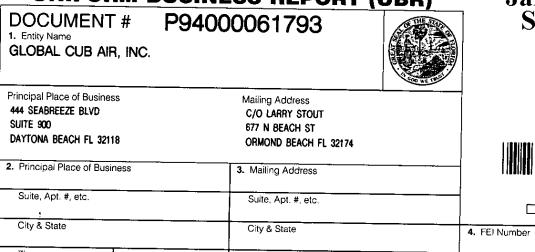
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P94000061793 DOCUMENT # 1. Entity Name GLOBAL CUB AIR, INC.

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

01-21-2003 90207 048 ***150.00





Applied For

	ony a state			59-3268645	Applied For	
Zip .	Country	Zip	Country		Not Applicabl	
ļ		•	- Cooming	Fee	75 Additional Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent		
STOUT	I ADDV D		Name	•	Neri See Committee	
Stout, larry r 444 Seabreeze blvd			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 9			ļ			
DATION	IA BEACH FL 32118		City	FI 2	Zip Code	
8. The abov	e named entity submits this statement for	he purpose of changing its	s registered office or roa	istered agent, or both, in the State of Florida. I am familia		
the obliga	ations of registered agent.	the purpose of chariging its	registered office of leg	istered agent, or both, in the State of Florida. I am familia	ar with, and accept	
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOT	E: Registered Agent signature rec	quired when reinstating) DATE		
	FILE NOW!!! FEE IS \$150.00	***		DATE		
	er May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May Be	
Make Chec	k Payable to Florida Department of S	State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND DI	RECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORO IN 44	
TITLE	DP	Delete	TITLE			
NAME	STOUT, LARRY R		NAME		Change	
STREET ADDRESS	444 SEABREEZE BLVD., SUITE 900)	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL	·- ·	CITY-ST-ZIP			
TITLE	STD	☐ Delete	TITLE	Пс	hange Addition	
NAME STREET ADDRESS	STOUT, MARY ANN		NAME	_		
CITY-ST-ZIP	444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH FL)	STREET ADDRESS			
TITLE	DATTONA BEACITTE	<u> </u>	CITY-ST-ZIP			
NAME		Delete	NAME	Q	hangeAddition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		hange Addition	
NAME			NAME	U OI	hange	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE	□ cr	nange	
STREET ADDRESS			NAME			
CITY-ST-ZIP			STREET ADDRESS			
TITLE		<u> </u>	CITY-ST-ZIP			
NAME		☐ Delete	TITLE	☐ Ch	ange 🔲 Addition	
STREET ADDRESS			NAME Street address			
CITY-ST-ZIP			CITY-ST-ZIP		ļ	
12. I hereby o	ertify that the information supplied with this	filing does not qualify for		Section 119 07/3Vi\ Florida Chatago Lf. at		
indicated of the cori	on this report or supplemental report is tru	and accurate and that me	y signature shall have th	Section 119.07(3)(i), Florida Statutes. I further certify that e same legal effect as if made under oath; that I am an o 07, Florida Statutes; and that my name appears in Block	tne information ifficer or director	
changed,	or on an attachmen with an address with	at other like empowered	is required by Chapter 6	r. Florida Statutes; and that my name appears in Block	10 or Block 11 if	

SIGNATURE: