## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## FILED DOCUMENT # P94000089914 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** AIRSHIP OPERATIONS, INC. 01-20-2000 90124 048 \*\*\*150.00 Mailing Address Principal Place of Business 12488 PARK AVENUE 12488 PARK AVENUE WINDERMERE FL 34786 WINDERMERE FL 34786-7712 Principal Place of Business Mailing Address ARMSTRONG BLVD. ARM<u>STRONG</u> BLVD. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3294519 SSIMMEE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent MARDER, MICAHEL E Street Address (P.O. Box Number is Not Acceptable) S TRUST BANK BLDG, SUITE 1100 135 WEST CENTRAL BLVD ORLANDO FL 32801 City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD **Change** ☐ Addition TITLE TITLE Delete BENSCHER, JENNIFER NAME NAME 1001 ARMSTRONG BLVD, UNIT A 12488 PARK AVENUE STREET ADDRESS STREET ADDRESS KISSIMMEE, FL 34741 CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP **Change** ☐ Addition ☐ Delete TITLE TITLE **BURNS, GARY** NAME NAME 1001 ARMSTRONG BLVB., UNIT A 12488 PARK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EINDERMERE FL 34786 CITY-ST-7/2 ☐ Addition Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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