

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009388

1. Entity Name

HERITAGE AIR, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90201 013 ***158.75

Principal Place of Business

Mailing Address

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920
US

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920-4226
US

2. Principal Place of Business

5505 N. Atlantic Ave.

3. Mailing Address

5505 N. Atlantic Ave.

Suite, Apt. #, etc.

115

Suite, Apt. #, etc.

115

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

4. FEI Number

59-3292769

Applied For

Not Applicable

Zip

32931

Country

USA

Zip

32931

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, MICHAEL A
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name

Jacqueline McPhillips

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

5505 N. Atlantic Ave., #115

City

Cocoa Beach

FL

Zip Code
32931

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

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

TITLE PD ☐ Delete
NAME MCPHILLIPS, MICHAEL
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE DVST ☐ Delete
NAME FLOMING, RANDALL
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

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 D/P ☒ Change ☐ Addition
NAME McPhillips, Michael
STREET ADDRESS 5505 N. Atlantic Ave., #115
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE D/V/S/T ☒ Change ☐ Addition
NAME Fleming, Randall
STREET ADDRESS 5505 N. Atlantic Ave., #115
CITY-ST-ZIP Cocoa Beach, FL 32931

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

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)(l), 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:

Michael A. Hartman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)