

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009388

1. Entity Name

HERITAGE AIR, INC.

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90030 014 \*\*\*158.75

0079956

Principal Place of Business

5505 N ATLANTIC AVE  
115  
COCOA BEACH FL 32931  
US

Mailing Address

5505 N ATLANTIC AVE  
115  
COCOA BEACH FL 32931  
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 59-3292769

Applied For

Not Applicable

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

MCPHILLIPS, JACQUELINE  
5505 N ATLANTIC AVE #115  
COCOA BEACH FL 32931

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MCPHILLIPS, MICHAEL  
STREET ADDRESS 5505 N ATLANTIC AVE # 115  
CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVST  
NAME FLOMING, RANDALL  
STREET ADDRESS 450 CHALLENGER ROAD  
CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Randall C Fleming  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

321-799-4090  
Daytime Phone #

CR2E034 (10/00)