## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P95000014952

1. Entity Name AIR AMIGOS, INC.

Principal Place of Business 11541 LANE PARK ROAD TAVARES FL 32778

Mailing Address 11541 LANE PARK ROAD

TAVARES FL 32778

2. Principal Place of	Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				

FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90110 044 \*\*\*150.00

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☐ CHECK HERE IF MAKING CHANGES

		City & State	City & State		4. FEI Number 59-3311803		Applied For	
Zip 	Country	Zip	Country		5. Certificate of Status Desired		Not Applicable	
6. Name and Address of Current Registered Agent			- <u>.</u> Name	7. Name and Address of New Registered Agent				
MCDONALD, STEPHEN J 315 S.E. 7TH STREET				ess (P.O. Box Number is Not Acceptable)				

SUITE 303

FT. LAUDERDALE FL 33301

City 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. I am familiar with, and accept SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

	w a dable to Fibrida Department of State			}	must Fund Contribution.	☐ Add	led to Fees
10. OFFICERS AND DIRECTORS		11.	ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, THOMAS D 11541 LANE PARK ROAD TAVARES FL 32778	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AODI	TIONS/CHANGES TO OFFICE	S AND DIRECTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*		☐ Change	Addition
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12. 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 changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)