

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91217 041 ***150.00

DOCUMENT # P95000074442

1. Entity Name

PALM BEACH AVIATION SERVICES, INC.

Principal Place of Business

Mailing Address

**1405 HIGH RIDGE ROAD
 LAKE WORTH FL 33461**

**1405 HIGH RIDGE ROAD
 LAKE WORTH FL 33461**

2. Principal Place of Business

2633 Lantana Rd #36

3. Mailing Address

2633 Lantana Rd #36

Suite, Apt. #, etc.

Lantana FL

Suite, Apt. #, etc.

City & State

Lantana FL

Zip

33462

Country

Zip

33462

Country

4. FEI Number

65-0615556

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

**SCHILLER, JAMES M
 2633 LANTANA RD 36
 LANTANA FL 33462**

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

JAMES M Schiller

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, 2002 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 **D** ☐ Delete
 NAME **SCHILLER, JAMES M**
 STREET ADDRESS **2633 LANTANA RD 36**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☒ Change ☐ Addition
 NAME **Schiller, James M**
 STREET ADDRESS **2633 Lantana Road #36**
 CITY-ST-ZIP **Lantana, FL 33462**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(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:

JAMES M Schiller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02 561 3074151

Date

Daytime Phone #

CR2E034 (9/01)