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## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000087627

1. Entity Name

EVERY DAY AIR, INC.

## FILED Jan 25, 2000 8:00 am Secretary of State

						01-25-2000 90028 010	***150.00		
Principal Place	e of Business	Mailing Address		·					
8851 NW 78TH ST		8851 NW 78TH ST							
199   TAMARAC FL 33321		199 TAMARAC FL 33321-2098							
					ţ	1 2001/1884 115 (BIR: Belle Ball) BB2(1 88)(1 88)	י <b>הוכות בוחל</b> ו ויוהו וי	a <b>na</b> a <b>na</b> a <b>na</b>	
2. Principal Place of Business		3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. 1	FEI Number <b>65-0624483</b>	<u> </u>	pplied For	
Zip	Country	Zip	Zip Cour		5.	Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current I	Registered Agent			7. 1	Name and Address of New Register	d Agent		
				Name -					
SCHI 2455			Street Ad	dress (P.O. B	Box Number is Not Acceptable)				
	e 502 Auderdale FL 33304						- Table Co.		
				City		F	Zip Coo	. <del>.</del> —	
8. The above	named entity submits this statement for	the purpose of changing its	s register	ed office or r	registered ag	ent, or both, in the State of Florida.			
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	ed Agent signatur	e required when re	einstating) DAT	E		
9 This corpo	ration is eligible to satisfy its Intangible	FILE NOW	III FEE	IS \$150.00		T			
	equirement and elects to do so.	After MAY 1, 20		•		<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		DO May Be	
(See criter	ia on back)	Make Check Paya	ble to D	epartment	of State	Trust Fund Contribution.	L Adde	u (o rees	
11.	OFFICERS AND I	DIRECTORS	12.		AD	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOF	3S IN 11	
TITLE	D	☐ Delete	TITL	E			☐ Change	☐ Additic	
NAME	SETTLE, DAVID A		NAN	· I					
STREET ADDRESS CITY-ST-ZIP	8851 NW 78TH ST #199			EET ADDRESS '-ST-ZIP					
	TAMARAC FL 33321								
TITLE NAME		☐ Delete	TITL Nam	- 1			Change	☐ Additic	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	r-ST-ZIP					
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-NAME==>				E==	~ <del>~~</del>	<del></del>			
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title Name		☐ Delete	TITL				Change		
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TITLE		☐ Delete	TITL	E			☐ Change	Additic	
NAME	•		NAM	rE [					
STREET ADDRESS	•	•		EET ADDRESS					
CITY-ST-ZIP	<u>-</u>		_	'-ST-ZIP					
TITLE		Delete	TITL				Change	Additic	
NAME STREET ADDRESS			NAM						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS					
· · · · · · · · · · · · · · · · · · ·	matification in the state of th	this filing slage and supply for			d in Costin-	110 07(2)(i) Florido Statutos I fuettes	portify that II a	information	
indicated	ertify that the information supplied with on this report or supplemental report is	true and accurate and that	my signa	implion state iture shall ha	ve the same	legal effect as if made under oath; that	t l am an office	r 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR