

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90046 014 ***550.00

DOCUMENT # **D9600000790**

1. Entity Name

SAPPHIRE AVIATION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3800 SOUTHERN BLVD

Suite, Apt. #, etc.

STE 500

3. Mailing Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

4. FEI Number

65-0609886

Applied For

Not Applicable

Zip

33406

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID O'DONNELL

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

8785 SAN ANDROS

City

WEST PALM BEACH

FL

Zip Code

33411

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DAVID A O'DONNELL - PRES.
8785 SAN ANDROS
WEST PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DANA W O'DONNELL - VPRES
8785 SAN ANDROS
WEST PALM BEACH FL 33411**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/02 (561) 6877967

Date

Daytime Phone #

CR2E034B (12/01)