

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90031 009 \*\*\*158.75

**DOCUMENT # P96000010890**

1. Entity Name  
**IAN GROOM AIR SHOWS, INC.**

Principal Place of Business

**195 VINTAGE CIRCLE  
APT 403  
NAPLES FL 34119  
US**

Mailing Address

**195 VINTAGE CIRCLE  
APT 403  
NAPLES FL 34119  
US**

2. Principal Place of Business

**195 Vintage Circle  
Suite, Apt. #, etc.  
Apt. 403**

**City & State  
Naples, FL**

**Zip  
34119**

**Country  
USA**

3. Mailing Address

**195 Vintage Circle  
Suite, Apt. #, etc.  
Apt. 403**

**City & State  
Naples, FL**

**Zip  
34119**

**Country  
USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0648950**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GROOM, IAN  
195 VINTAGE CIRCLE  
APT 403  
NAPLES FL 34119**

7. Name and Address of New Registered Agent

**Name  
Groom Ian  
Street Address (P.O. Box Number is Not Acceptable)  
195 Vintage Circle  
Apt 403  
City  
Naples FL Zip Code  
34119**

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, 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

**TITLE  
NAME  
D GROOM, IAN  
STREET ADDRESS  
195 VINTAGE CIRCLE APT 403  
CITY-ST-ZIP  
NAPLES FL 34119** ☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete

**TITLE  
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STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete

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CITY-ST-ZIP** ☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

**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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ian Groom 1/14/02**

Date

Daytime Phone #

CR2E034 (9/01)