

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90011 040 ***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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

9095 The Lane

Suite, Apt. #, etc.

3. Mailing Address

9095 The Lane

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34109

Country

USA

Zip

34109

Country

USA

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)
9095 The Lane
City
Naples FL Zip Code
34109

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 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 10 or Block 11 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

1/31/03 239-594-6807

Date

Daytime Phone #

CR2E034 (10/02)