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

DOCUMENT # \$ 96000063.564 . 1. Entity Name Halifux Air, INC.



## **FILED** May 27, 2003 8:00 am Secretary of State 05-27-2003 90177 009 \*\*\*150.00

DO NOT WRITE	'3			
2. Principal Place of Business 219 Carswell Ave Suite, Apt. #, etc.	3. Mailing Address  Y River Bluf Suite, Apt. #, etc.	f Drive	DO NOT WRITE IN THIS SPACE	
City & State Holly H: 11. FL Zip 32114 Country 05. Volusing	City & State Ormand Beaco	Country US/Volusia	4. FEI Number  593404857  Rot Applied  Not Appl  5. Certificate of Status Desired  \$8.75 Additional Fee Required	licable
DO NOT W IN THIS SP	RITE	Name Can Street Address (f	7. Name and Address of Current Registered Agent  Sel R. Brown  PO. Box Number is Not Acceptable) -  The Block Drive	
8. The above named entity submits this statement to the obligations of registered agent.  SIGNATURE David Registered agent.  Signature, typed or printed name of registered agent.		egistered office of registere	ed agent, or both, in the State of Florida. I am familiar with, and ac	ccept
January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of	5.24 E8		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fe	
TITLE NAME  STREET ADDRESS  CITY-ST-ZIP  COMPAND  OFFICERS AND  OFFICERS		NAME STREET ADDRESS CITY-ST-ZIP		
NAME Mark Brown STBEET ADDRESS 523 mc = 12 to 52 Rd. CITY-ST-ZIP Crmond Brack FC 32	17 <b>4</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. Legraphy contifue that the information supplied with	this filling deposits a white for t	\$2000 miles - consequence (20, 2000) . 1 \$250. 30 https://doi.org/	ction 119 O7(3V)) Florida Statutes Livether contife that the information	

indicated on this report or supplied with this limit dopernot quarry for the exemption stated in Section 119.07(3)(i). Florida Statutes. Truffner 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 hapter 607. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Daviel P. Brown
SIGNATURE AND TYPED OR PRINTED IN

386-254-0402