DOCUMENT # P96000069806] IUrC		
1. Entity Name				FILED		
AIR-JOA, INC.				FILED		
Principal Place of Business Mailing Address				00 OCT 27 AM 11: 02		
8279 SUNSHINE GROVE RD BROOKSVILLE FL 34613		8279 SUNSHINE GROVE RD BROOKSVILLE FL 34613		SECRETARY OF STATE TALLAHASSEE FLORIDA		
				I FEDERAL HA LAHR BIRH BERK BAHK BAHK BAHK BAKK ARAK (BIRK YAN) BAKK A		
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. FEI Number 59-3395758 Applied Not App	l For olicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent	•	7. Name and Address of New Registered Agent		
JOA, SCOTT R 8279 SUNSHINE GROVE RD BROOKSVILLE FL 34613			Name			
			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
	- b = 1074 1		City	FL Zip Code		
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: Re	egistered Agent signature requ	ured 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 After SEPTEMBER 13, 2000 Make Check Payable to De			2000 Min. will be \$7			
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joa, Scott R 8279 Sunshine Grove RD Brooksville FL 34613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003459637; -11/03/0001104010 ****550.00 ****550.00	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joa, Susan L 8279 Sunshine Grove RD Brooksville FL 34613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MW-3	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition	
TITLE		☐ Delete	TITLE	☐ Change ☐	Addition	
NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP	KE		
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 AND TYPED OR PINITED NAME OF SIGNING OFFICER OR DIRECTOR						
	SIGNATURE AND TYPED OR P	IN IEU NAME OF SIGNING OFFICER OR	DIRECTOR	Date Daytime Phone #		

MYA

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I have just received the 2000 ubr only to find I am late sending it in. I would like to know if I am exempt as stated in sec 119.07(3)(I). I am not familiar with this and would like some information please. is there anyway for me to avoid the additional cost for filing late?

I did not recieve this report (UDR)

until October 18th 2000. I

communicated threw Email and

I am still uncertain as to

the amount of Money Due.

I am sending 550,00 as

Per the filing instructions, if

this amount is incorrect please

notify Me.

10/20/00