

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90025 008 ***150.00

DOCUMENT # P 96000074492

1. Entity Name

SEAAIR LIMO Inc / family car service
 647196000160

Principal Place of Business

Mailing Address

1919 N S.R. 7
 Margate FL 33063.

552143

2. Principal Place of Business

3. Mailing Address

1919 N S.R. 7

1919 N S.R. 7.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202 C.

202 C

City & State

City & State

MARGATE FL

MARGATE Florida.

4. FEI Number

Applied For

65-0695732

Not Applicable

Zip

Country

Zip

Country

33063

U.S.

33063

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kevin Ward.
 52 W OAKLAND PARK DR.

Name

Scott Teninty

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

7635 N.W. 88 WAY

City

TAMARAC FL

FL

Zip Code

33321

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

Scott Teninty

Scott Teninty

4/5/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Kevin Ward
 owner/President
 1520 N.E. 28 AVE
 Wilton MANORS 33334

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President / owner.
 Scott Teninty
 7635 N.W. 88way
 TAMARAC FL 33321

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VICE President.
 Kristen Ward
 1520 N.E. 28 AVE.
 Wilton MANORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Scott Teninty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

754/755-7751

Date

Daytime Phone #

CR2E034 (11/00)