## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000074492 DOCUMENT #

1. Entity Name

SIGNATURE: \_

SEA-AIR LIMO SERVICE, INC.



FILED
Tay 01, 2003 8:00 am
Secretary of State
05.01.2003.90825.037.***1.50.00

5335   3335   5. Certificate of Status Desired   Fee Re  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name   Name   TENINTY, SCOTT   1919 N STATE ROAD 7   Street Address (P.O. Box Number is Not Acceptable)   102 42	Applied For Not Applicable Additional quired  Code
202 C MARGATE FL 33063  2. Principal Place of Business 102 43 NW 47 STreet  Suite Apt. #, etc.  Suite Apt. #, etc.  Suite Apt. # etc.  Suite Apt.	Applied For Not Applicable Additional quired  Code 3357 with, and accept
MARGATE FL 33063  MARGATE FL 33063  MARGATE FL 33063  2. Principal Place of Business 10242 NW 47 STreet  Suite, Apt. #, etc.  Suite, Ap	Applied For Not Applicable Additional quired  Code 3357 with, and accept
Suite Apt. #, etc.  Sun RISE  Country  Sun RISE  Sun RISE  Country  Sun RISE  Sun RISE  Sun RISE  Country  Sun RISE  Sun	Applied For Not Applicable Additional quired  Code 3357 with, and accept
Suite, Apt. #, etc.  ### 3  Suite, Apt. #, etc.  Su	Applied For Not Applicable Additional quired  Code 3351 with, and accept
City & State Sun Rise FL. Country Size 233351 Country Size 233351 S. Country Street Address of Status Desired Sent Name  Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Size 202C MARGATE FL 33063 Size 202C MARGATE FL 33063 Size Address of New Registered Agent Name Size Address FL 33063 Size Address of New Registered Agent Name Size Address FL 33063 Size Address of New Registered Agent Name Size Address FL 33063 Size Address of New Registered Agent Name Size Address FL 33063 Size Address of New Registered Agent Name Size Address FL 33063 Size Address of New Registered Agent Name Size Address FL 33063 Size Address of New Registered Agent Name Size Address FL 33063 Size Address of New Registered Agent Name Size Address FL 33063 Size Address of New Registered Agent Name Size Address FL 33063 Size Addre	Applied For Not Applicable Additional quired  Code 3351 with, and accept
Same and Address of Current Registered Agent   Same and Address of New Registered Agent	Not Applicable Additional quired  Code 3351 with, and accept
5. Certificate of Status Desired Fee Re  6. Name and Address of Current Registered Agent  TENINTY, SCOTT  1919 N STATE ROAD 7  STE 202C  MARGATE FL 33063  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TILE NAME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. Certificate of Status Desired Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Accepta	Code 3351 with, and accept
TENINTY, SCOTT  1919 N STATE ROAD 7  STE 202C  MARGATE FL 33063  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TILLE  PO TENINTY, SCOTT	with, and accept
TENINTY, SCOTT  1919 N STATE ROAD 7  STE 202C  MARGATE FL 33063  Street Address (P.O. Box Number is Not Acceptable)  102 42 NW 47 Street  Suite #43  CitySunce FL 3  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE PO Delete TITLE  NAME TENINTY, SCOTT	with, and accept
1919 N STATE ROAD 7  STE 202C  MARGATE FL 33063  Surke # 43  CitySurise  FL Zip  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PO  TENINTY, SCOTT  TENINTY, SCOTT	with, and accept
STE 202C  MARGATE FL 33063  CitySuncse  FL Zincse  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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PO  TENINTY, SCOTT  TENINTY, SCOTT	with, and accept
MARGATE FL 33063  CitySunce  B. 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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS OFFICERS AND DIRECTORS OFFICERS OFF	with, and accept
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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITILE  PO  Delete  TITLE  NAME  PO  TENINTY, SCOTT	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)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE  PO  TENINTY, SCOTT  Delete  TITLE  NAME	\$5.00 May Be
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME  PO TENINTY, SCOTT  NOTE: Registered Agent signature required when reinstaling)  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE NAME  NAME	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME  PO TENINTY, SCOTT  NOTE: Registered Agent signature required when reinstaling)  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE NAME  NAME	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PO  NAME  TENINTY, SCOTT  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME	
After May 1, 2003 Fee Will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITTLE PO	
TITLE PO Delete TITLE Cha	
NAME TENINTY, SCOTT	TORS IN 11
	inge 🔲 Addition
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Cha	inge Addition
NAME NAME	
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE TITLE TITLE Cha	inge
STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Cha	inge Addition
NAME NAME	
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Cha	inge 🔲 Addition
NAME  NAME  STREET ADDRESS  STREET ADDRESS	
CITY-ST-ZIP	
TITLE Delete TITLE Cha	inge Addition
NAME NAME	
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP 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 indicated on this report or supplemental report is rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an of of the corporation or the receiver or trustee empowered to execute this apport as required by Chapter 607, Florida Statutes; and that my name appears in Block changed, or on an attachment with an address. It affects the empowered.	the information