

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90063 034 ***150.00

DOCUMENT # P96000099019

1. Entity Name

PALM BEACH AIRPORT SERVICE, INC.

Principal Place of Business

**1700 N FLORIDA MANGO RD
 WEST PALM BEACH FL 33409**

Mailing Address

**1700 N. FLORIDA MANGO RD.
 WEST PALM BEACH FL 33409**

2. Principal Place of Business

1700 N. Florida Mango Rd

Suite, Apt. #, etc.

3. Mailing Address

1700 N. Florida Mango Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-6240440

Applied For

Not Applicable

Zip

33409

Country

Palm Beach

Zip

33409

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

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: 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, 2002 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

TITLE **P** ☐ Delete
 NAME **BARR, JAMES**
 STREET ADDRESS **1700 FLORIDA MANGO RD**
 CITY-ST-ZIP **W PALM BCH FL 33409**

TITLE **CEO** ☐ Delete
 NAME **GALAGHER, FRANK**
 STREET ADDRESS **1700 N FLORIDA MANGO RD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **EVP** ☐ Delete
 NAME **GENOVESE, FRANK**
 STREET ADDRESS **1700 N FLORIDA MANGO RD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **S** ☐ Delete
 NAME **LONGO, ROBERT**
 STREET ADDRESS **1700 N FLORIDA MANGO RD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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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TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Barr, President 4/26/02 (561) 6894222

CR2E034 (9/01)