

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90011 023 ***550.00

DOCUMENT # P97000008502

1. Entity Name
PEOPLES AIR INC.

Principal Place of Business
 2260 WHITFIELD PARK DRIVE
 UNIT J20
 SARASOTA FL 34243
 US

Mailing Address
 2260 WHITFIELD PARK DRIVE
 UNIT J20
 SARASOTA FL 34243
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2260 Whitfield PkDr.

3. Mailing Address
2260 Whitfield PkDr.

Suite, Apt. #, etc.
J-20

Suite, Apt. #, etc.
J-20

City & State
Sarasota FL

City & State
Sarasota, FL

4. FEI Number **65-0725059**

Applied For
 Not Applicable

Zip
34243

Country
US

Zip
34243

Country
US

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

NELSON, SCOTT
 2260 WHITFIELD PARK DRIVE
 UNIT J20
 SARASOTA FL 34243

Name **Same**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Scott Nelson*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9/11/00**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
 NAME **NELSON, SCOTT**
 STREET ADDRESS **2260 WHITFIELD PARK DR, UNIT J20**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **NELSON, JENNIE L**
 STREET ADDRESS **2260 WHITFIELD PARK DR J-20**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

Scott T. Nelson **9/11/00** **94739-2200**
 Date Daytime Phone #

CR2E034 (5/00)