

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011627

1. Entity Name

AIRSPORTS AVIATION., INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90009 045 ***150.00

Principal Place of Business

11475 ROCKET BLVD.
ORLANDO FL 32824

Mailing Address

11475 ROCKET BLVD.
ORLANDO FL 32824-8514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3423437

Applied For

Not Applicable

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

FRASER, NORMAN A
1124 LINDSAY WAY
PO BOX 450066
KISSIMMEE FL 34745

Name

FRASER, NORMAN A.

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

1124 LINDSAY WAY

City

KISSIMMEE

FL

Zip Code

34744

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

Norman A. Fraser, President

04-26-00

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, 2000 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	PT	<input type="checkbox"/> Delete	TITLE	P/V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, NORMAN A		NAME	FRASER, NORMAN A.	
STREET ADDRESS	1124 LINDSEY DRIVE		STREET ADDRESS	1124 LINDSAY WAY	
CITY-ST-ZIP	ORLANDO FL 34744		CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, N A		NAME		
STREET ADDRESS	11475 ROCKET BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32824		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

Norman A. Fraser, President 04-26-00 407.438.7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)