

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051900

1. Entity Name

AIRSPORT SKYDIVING, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90124 029 ***150.00

Principal Place of Business

Mailing Address

1211 N. CENTER ST.
 PERRY FL 32347

1211 N. CENTER ST.
 PERRY FL 32347-2037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3460626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTICE, DAVID J
 213 ANCHORD ST
 PERRY FL 32347

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, 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 V3 ☐ Delete
 NAME KEELER, SCOTT
 STREET ADDRESS 1211 N. CENTER ST.
 CITY-ST-ZIP PERRY FL 32347

TITLE COO ☐ Change ☒ Addition
 NAME Scott Bridgeman
 STREET ADDRESS 1211 N. Center St
 CITY-ST-ZIP PERRY FL 32347

TITLE V ☒ Delete
 NAME MATICE, DAVID J.
 STREET ADDRESS 1211 N. CENTER ST.
 CITY-ST-ZIP PERRY FL 32347

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

TITLE P ☐ Delete
 NAME SHUGAR, JOEL K
 STREET ADDRESS 200 N-HEBER ST
 CITY-ST-ZIP PERRY FL 32347

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1211 N Center St
 CITY-ST-ZIP

TITLE S ☐ Delete
 NAME SHUGAR, MICHELLE C
 STREET ADDRESS 200 N-HELEN ST
 CITY-ST-ZIP PERRY FL 32347

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1211 N. Center St
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 (850) 584-2778

CR2E034 (9/99)