

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051900

1. Entity Name

AIRSPORT SKYDIVING, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90201 003 ***150.00

Principal Place of Business

1211 N. CENTER ST.
PERRY FL 32347

Mailing Address

1211 N. CENTER ST.
PERRY FL 32347

2. Principal Place of Business

555 N Byron Butler Pkwy
Suite, Apt. #, etc.

3. Mailing Address

555 N Byron Butler Pkwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3460626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTICE, DAVID J
213 ANCHORD ST
PERRY FL 32347

Shugar

7. Name and Address of New Registered Agent

Name: Joel K Shugar

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

555 N Byron Butler Pkwy

City: Perry

FL

Zip Code

32347

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)

5-1-01

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, 2001 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: V3 ☐ Delete
NAME: KEELER, SCOTT
STREET ADDRESS: 1211 N. CENTER ST.
CITY-ST-ZIP: PERRY FL 32347

TITLE: P ☐ Delete
NAME: SHUGAR, JOEL K
STREET ADDRESS: 1211 N. CENTER ST.
CITY-ST-ZIP: PERRY FL 32347

TITLE: S ☐ Delete
NAME: SHUGAR, MICHELLE C
STREET ADDRESS: 1211 N. CENTER ST.
CITY-ST-ZIP: PERRY FL 32347

TITLE: COO ☒ Delete
NAME: BRIDGEMAN, SCOTT
STREET ADDRESS: 1211 N. CENTER ST.
CITY-ST-ZIP: PERRY FL 32347

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:

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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

Joel K. Shugar

Date

Daytime Phone #

CR2E034 (10/00)