

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90099 017 ***150.00

DOCUMENT # **P97000063128**

1. Entity Name

AirCash, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6415 Lake Worth Road
Suite, Apt. #, etc.

Suite 203

City & State
Lake Worth FL

Zip
33463

Country
USA

3. Mailing Address

6415 Lake Worth Road
Suite, Apt. #, etc.

Suite 203

City & State
Lake Worth FL

Zip
33463

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0772838

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

7. Name and Address of Current Registered Agent

Name
Keil, Dean S.

Street Address (P.O. Box Number is Not Acceptable)
6415 Lake Worth Road

Suite 203

City
Lake Worth

FL

Zip Code
33463

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
Keil, Donna
6415 Lake Worth Road Ste 203
Lake Worth FL 33463**

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 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 #

4-19-2002

CR2E034B (12/01)

Del-969-3877