

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90087 023 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000072726

1. Entity Name
ORLANDO AIR LINK, INCORPORATED

Principal Place of Business **Mailing Address**
5 ROHDE AVENUE **35 ROHDE AVENUE**
ST. AUGUSTINE FL 32084 **ST. AUGUSTINE FL 32084-3246**

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 **59-3478040** **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PENT, PAUL P
35 ROHDE AVENUE
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent
 -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. ☐ **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	NAME	STREET ADDRESS	CITY-ST-ZIP	De'te	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	PENT, PAUL P	35 ROHDE AVENUE	ST. AUGUSTINE FL 32084	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ROBIDEAUX-PENT, MICHELLE	35 RHODE AVENUE	ST. AUGUSTINE FL 32084	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HUGHES, JOHN	4966 SHORELINE CIRCLE	SANFORD FL 32771	<input checked="" type="checkbox"/>	Treasurer	Paul P. Pent	35 Rohde Av.	St. Augustine, FL 32084	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **Paul P. Pent** **3-19-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)