

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90144 001 ***150.00
 05-14-2001 90144 002 *****8.75

43251

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>P97000095563</u>			
1. Entity Name <u>AROUND The Clock Airport Service INC</u>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business <u>4630 N. UNIVERSITY DR</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>317</u>		Suite, Apt. #, etc.	
City & State <u>CORAL SPRINGS FL</u>		City & State	
Zip <u>33067</u>	Country <u>USA</u>	Zip	Country
6. Name and Address of Current Registered Agent <u>STEVE GREEN</u> <u>4955 NW 58TH TERRACE</u> <u>CORAL SPRINGS FL 33067</u>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE <u>Pres</u>	NAME <u>PATRICIA GREEN</u>	<input type="checkbox"/> Delete	STREET ADDRESS <u>4955 NW 58TH TER</u>
CITY-ST-ZIP <u>CORAL SPRINGS FL 33077</u>			
TITLE <u>VP</u>	NAME <u>STEVE GREEN</u>	<input type="checkbox"/> Delete	STREET ADDRESS <u>4955 NW 58TH TER</u>
CITY-ST-ZIP <u>CORAL SPRINGS FL 33067</u>			
TITLE 	NAME 	<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP 			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <u>Steve Green</u>		Date <u>4/10/2001</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>954 345-7669</u>	

CR2E034 (11/00)