

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107230

1. Entity Name

WEST AIR, INC.

Principal Place of Business

89015 OVERSEAS HIGHWAY SUITE 3
TAVERNIER FL 33070

Mailing Address

89015 OVERSEAS HIGHWAY SUITE 3
TAVERNIER FL 33070-9720

2. Principal Place of Business

87899 OVERSEAS HWY

3. Mailing Address

PO BOX 9720

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ISLAMORADA FL

City & State

TAVERNIER FL

Zip

33036

Country

Zip

33070

Country

4. FEI Number

65-0803393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEST, CLEVELAND D
89015 OVERSEAS HIGHWAY SUITE 3
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name

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

87899 OVERSEAS HWY

City

ISLAMORADA

FL

Zip Code

33036

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

Cathy Battreall

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WEST, CLEVELAND D
CITY-ST-ZIP 89015 OVERSEAS HIGHWAY SUITE 3
TAVERNIER FL 33070

TITLE ☐ Delete
NAME VD
STREET ADDRESS BATTREALL, CATHY
CITY-ST-ZIP 89015 OVERSEAS HWY #3-
TAVERNIER FL 33070

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☒ Change ☐ Addition
NAME 87899 OVERSEAS HWY
STREET ADDRESS ISLAMORADA FL 33036
CITY-ST-ZIP

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

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

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

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

☐ 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:

Cathy Battreall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CATHY BATTREALL

Date

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90011 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)