

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016477

1. Entity Name

COMMAIR SOUTHEAST, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90088 017 \*\*\*158.75

Principal Place of Business

Mailing Address

7210 ANDERSON RD  
TAMPA FL 33634

7210 ANDERSON RD  
TAMPA FL 33634-3010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11900 H BALTIMORE AVE

SUITE H

BELTSVILLE, MD

20705

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3492579

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENLEY, RANDALL W  
324 DATURA STREET STE 300  
WEST PALM BEACH FL 33401

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.  
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ROSATO, THOMAS P  
STREET ADDRESS 12100 BALTIMORE AVE  
CITY-ST-ZIP BELTSVILLE MD ☐ Delete

TITLE PD  
NAME THOMAS P. ROSATO  
STREET ADDRESS 11900 H BALTIMORE AVENUE  
CITY-ST-ZIP BELTSVILLE, MD 20705 ☒ Change ☐ Addition

TITLE VTD  
NAME FRANKLIN, DONALD E  
STREET ADDRESS 12100 BALTIMORE AVE  
CITY-ST-ZIP BELTSVILLE FL ☒ Delete

TITLE VTD, S  
NAME BRUCE H. THOMAS  
STREET ADDRESS 11900 H BALTIMORE AVENUE  
CITY-ST-ZIP BELTSVILLE, MD 20705 ☐ Change ☒ Addition

TITLE S  
NAME MOLLENCOD, THOMAS R  
STREET ADDRESS 12100 BALTIMORE AVE  
CITY-ST-ZIP BELTSVILLE FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

THOMAS P. ROSATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

301 419 7411

Daytime Phone #

CR2E034 (9/99)