

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90388 003 ***158.75

05/8831 AT

DOCUMENT # P98000016477

1. Entity Name
COMMAIR SOUTHEAST, INC.

Principal Place of Business

**4213 34TH STREET
ORLANDO FL 32811**

Mailing Address

**11900 H BALTIMORE AVE
STE H
BELTSVILLE MD 20705**

2. Principal Place of Business

3. Mailing Address

4213 34th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32811

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, 2002 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** ☒ Delete
NAME **ROSATO, THOMAS P**
STREET ADDRESS **11900 H BALTIMORE AVENUE**
CITY-ST-ZIP **BELTSVILLE MD 20705**

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

TITLE **VTDS** ☐ Delete
NAME **THOMAS, BRUCE H**
STREET ADDRESS **11900 H BALTIMORE AVENUE**
CITY-ST-ZIP **BELTSVILLE MD 20705**

TITLE **PS+D** ☒ Change ☐ Addition
NAME **BRUCE H. THOMAS**
STREET ADDRESS **4213 34th STREET**
CITY-ST-ZIP **ORLANDO, FL 32811**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 407/648-7860
Date Daytime Phone #

CR2E034 (9/01)