

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2000 8:00 am**
Secretary of State

04-10-2000 90072 020 ***158.75

DOCUMENT # P98000053444

1. Entity Name

PRESIDENTIAL AIRWAYS, INC.

Principal Place of Business

Mailing Address

~~6200 G EAST COLONIAL DR~~
~~STE 152~~
~~ORLANDO FL 32803~~~~6200 G EAST COLONIAL DR~~
~~STE 152~~
~~ORLANDO FL 32803~~

2. Principal Place of Business

1383 General Aviation Dr.

3. Mailing Address

1383 General Aviation Dr.

Suite, Apt. #, etc.

Melbourne FL. 32935

Suite, Apt. #, etc.

Melbourne

City & State

Florida 32935

City & State

Florida 32935Zip
32935Country
USAZip
32935Country
USA

4. FEI Number

59-3540727

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

KROON, JOHN H~~3208 G EAST COLONIAL DR~~~~STE 152~~~~ORLANDO FL 32803~~Name **Richard Pere**

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

1383 General Aviation Dr.City **Melbourne****FL**Zip Code **32935**

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

*Richard Pere, VP***RICHARD PERE, VP****17 APRIL 2000**

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	<input checked="" type="checkbox"/> Delete
NAME	KROON, ELESA A	
STREET ADDRESS	3208 G EAST COLONIAL DR, STE 152	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KROON, JOHN H	
STREET ADDRESS	3208 G EAST COLONIAL DR, STE 152	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc Andre Deschoux	
STREET ADDRESS	1383 General Aviation Dr.	
CITY-ST-ZIP	Melbourne FL. 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

MARC DESCHOUX

Date

04.03.00

Daytime Phone #

(321) 253-1655

CR2E034 (9/99)