2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053444 1. Entity Name FILED PRESIDENTIAL AIRWAYS, INC. 01 MAR -9 PM 2: 29 Principal Place of Business Mailing Address 1383 GENERAL AVIATION DR 1383 GENERAL AVIATION DR SECRETARY OF STATE MELBOURNE FL 32935 MELBOURNE FL 32935 TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3540727 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1383 GENERAL AVIATION DR MELBOURNE FL 32935 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete CR2E034 (10/00) TITLE Change TITLE DESCHOUX, MARC ANDRE NAME NAME Pere, RicHArd 1383 GENERAL AVIATION DE STREET ADDRESS STREET ADDRESS 1383 GENERAL AVIATION DR CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** Mc 160 ar ne, 1=1 32981 ☐ Delete TITLE TITLE Childrey, Timothy L. 1383 General Aviation Dr. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP melbourne 7L 32985 TITLE ☐ Delete TITLE miller, Billy J. 1383 General Aviation Dr. NAME NAME STREET ADDRESS STREET ADDRESS The 16 ourse 74 3293+ CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Phillips, Stepker A. 1383 General Aviation Dr. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 018 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 Daytime Phone