

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90036 025 ***150.00

DOCUMENT # P98000058181

1. Entity Name

FLORIDA AIR SALES, INC.

Principal Place of Business

**606 BALD EAGLE DRIVE
 SUITE 620
 MARCO ISLAND FL 34145**

Mailing Address

**606 BALD EAGLE DRIVE
 SUITE 620
 MARCO ISLAND FL 34145**

2. Principal Place of Business

3. Mailing Address

220 Seaview Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

610

City & State

City & State

Marco Island, FL

Zip

Country

Zip

Country

34145

Collier

4. FEI Number

65-0846710

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

NOLAN, JOHN

**10845 112 AVE STE 217
 MIAMI FL 33176**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **NOLAN, JOHN L**
 CITY-ST-ZIP **10845 SW 112 AVE STE 217
 MIAMI FL 33176**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **220 Seaview Ct. #610**
 CITY-ST-ZIP **Marco Island, FL 34146**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NOLAN, BARBARA**
 CITY-ST-ZIP **10845 SW 112 AVE STE 217
 MIAMI FL 33176**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **220 Seaview Ct. #610**
 CITY-ST-ZIP **Marco Island, FL 34145**

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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Nolan

Date

4/16/02 (239) 389-0437
 Daytime Phone #

CR2E034 (9/01)