

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91194 032 ***150.00

DOCUMENT # P98000080793

1. Entity Name
ISLANDER AVIATION, INC.

Principal Place of Business
420 US HWY 1 STE 150
NPB FL 33408

Mailing Address
420 US HWY 1 STE 150
NPB FL 33408

A0071469



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
132 WETTAU LN.
 Suite, Apt. #, etc.
SUITE # 111

3. Mailing Address
132 WETTAU LN.
 Suite, Apt. #, etc.
SUITE # 111

City & State
NORTH PALM BEACH FL
 Zip
33408
 Country
USA

City & State
NORTH PALM BEACH FL
 Zip
33408
 Country
USA

4. FEI Number **65-0876207**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEVINS, ROBERT C III
420 US HWY 1 STE 150
NPB FL 33408

7. Name and Address of New Registered Agent

Name **ROBERT C. NEVINS III**

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

132 WETTAU LN. SUITE # 111

City **NORTH PALM BEACH** FL Zip Code **33408**

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 **ROBERT C NEVINS III**
 Signature, typed or printed name of registered agent and title if applicable.

RCN III 5/11/2001
 (NOT 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!
After MAY 1, 2001 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

TITLE **D** ☒ Delete
 NAME **NEVINS, ROBERT C III**
 STREET ADDRESS **420 US HWY 1 STE 150**
 CITY-ST-ZIP **NPB FL 33408**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **ROBERT C. NEVINS III**
 STREET ADDRESS **132 WETTAU LN. SUITE # 111**
 CITY-ST-ZIP **NORTH PALM BEACH FL. 33408**

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

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

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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is 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: **ROBERT C. NEVINS III**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RCN III 5/11/2001 (561) 844-5253
 Date Daytime Phone #

CR2E034 (10/00)

Attachment
P98000080793
P98000089777
M 83597
A0071469

TO: Division of Corporations
Uniform Business Reports
P.O. Box 1500
Tallahassee, FL 32302-1500

May 15, 2001

From: Robert C. Nevins III
132 Wettaw Ln. Suite #111
North Palm Beach, FL 33408
(561) 844-5253

To whom it may concern,

On March 12, 2001 I was seriously injured in an auto accident and as a result I have been unable to attend to my Business affairs until just a few days ago. Upon sorting through my mail I found the (UBR) reports for my three Corporations. I called your office and explained my situation and was told under these circumstances I would be able to file all three of my (UBR) reports without a late fee. Enclosed is all three reports and separate checks as well as a copy of some of my medical bills from my accident. I Thank you in advance for your understanding and cooperation.

Sincerely, Robert C. Nevins III

Robert C. Nevins III

5/15/2001