

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 91194 031 ***150.00

DOCUMENT # P98000089747

1. Entity Name
ISLANDER AIRCRAFT, INC.

Principal Place of Business 420 US HWY #1 SUITE 150 NORTH PALM BEACH FL 33408 US	Mailing Address 420 US HWY #1 SUITE 150 NORTH PALM BEACH FL 33408 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 132 WETTAU LN. Suite, Apt. #, etc. SUITE # 111 City & State NORTH PALM BEACH FL. Zip 33408 Country USA.	3. Mailing Address 132 WETTAU LN. Suite, Apt. #, etc. SUITE # 111 City & State NORTH PALM BEACH FL. Zip 33408 Country USA
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4. FEI Number 65-0875806	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent
**NEVINS, ROBERT C III
 420 US HWY #1
 SUITE 150
 NORTH PALM BEACH 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 **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** **RCN-III** **5/11/2001**
(Signature, typed or printed name of registered agent and title if applicable. (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! FEE IS \$150.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NEVINS, ROBERT C III 420 US HWY #1, SUITE 150 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT C. NEVINS III 132 WETTAU LN. SUITE # 111 NORTH PALM BEACH FL. 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ROBERT C. NEVINS III** **RCN-III** **5/11/2001** (561) 844-5253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)