

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-14-2001 90210 034 ****61.25
06-20-2001 90016 037 ****88.75

DOCUMENT # P98000104221

1. Entity Name

PROFESSIONAL AIR MAINTENANCE, INC.

Principal Place of Business

1885 W COMMERCIAL BLVD., STE. 120
FORT LAUDERDALE FL 33309

Mailing Address

1885 W COMMERCIAL BLVD., STE. 120
FORT LAUDERDALE FL 33309

2. Principal Place of Business

1835 S. PERIMETER RD

3. Mailing Address

1835 S PERIMETER RD

Suite, Apt. #, etc.

#120

Suite, Apt. #, etc.

#120

City & State

FL LAUD FL

City & State

FL LAUD FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0884862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, PATRICIA F.

1885 W COMMERCIAL BLVD., STE. 120
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: PATRICIA F. ROSS

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

1835 S PERIMETER RD

#120

City

FL LAUD

FL

Zip Code

33309

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

Patricia Ross

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/01

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: PSD
NAME: ROSS, GARY J
STREET ADDRESS: 1885 W COMMERCIAL BLVD., STE. 120
CITY-ST-ZIP: FORT LAUDERDALE FL 33309 ☐ Delete

TITLE: VTD
NAME: FAY, JOHN M III
STREET ADDRESS: 1885 W COMMERCIAL BLVD., STE. 120
CITY-ST-ZIP: FORT LAUDERDALE FL 33309 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSD ☐ Change ☒ Addition
NAME: ☐ Change ☒ Addition
STREET ADDRESS: ☐ Change ☒ Addition
CITY-ST-ZIP: ☐ Change ☒ Addition

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

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary J Ross PRES

Date

04/28/01

Daytime Phone #

CR2E034 (10/00)