

2001 UNIFORM BUSINESS REPORT (UBR)

5/

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

05-14-2001 90210 045 ****61.25
06-20-2001 90016 039 ****88.75

DOCUMENT # P98000104231

1. Entity Name

PROFESSIONAL AVIATION SERVICES, 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

Suite, Apt. #, etc.

Same

City & State

FL Land FL

City & State

FL Land FL

Zip

33309 USA

Zip

33309 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1021804

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 ROSS

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

1835 S. PERIMETER RD

#120

City

FL Land

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 F. Ross

4/29/01

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, 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 PSTD ☐ Delete
NAME ROSS, PATRICIA F
STREET ADDRESS 1885 W COMMERCIAL BLVD., STE. 120
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE VD ☐ Delete
NAME FAY, MARY J
STREET ADDRESS 1885 W COMMERCIAL BLVD., STE. 120
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition
NAME Patricia Ross
STREET ADDRESS 1835 S. PERIMETER RD #120
CITY-ST-ZIP FL Land FL 33309

TITLE VD ☐ Change ☐ Addition
NAME Mary J. Fay
STREET ADDRESS 1835 S. PERIMETER RD #120
CITY-ST-ZIP FL Land FL 33309

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Patricia F. Ross

4/29/01

954-938-9508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)