

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0664578
AV

DOCUMENT # P98000105325

1. Entity Name

AIR RIGHTS DEVELOPMENT OF SARASOTA, INC.



FILED

03 APR 16 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8001 DESOTO WOODS DR.
SARASOTA FL 34243

Mailing Address
8001 DESOTO WOODS DR.
SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2141750

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

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PD
STREET ADDRESS FENTON, SHELDON C
CITY-ST-ZIP 149 DUNVEGAN ROAD
TORONTO ONTARIO M5P 2N8 ☐ Delete

TITLE NAME CSD
STREET ADDRESS GAREAU, RENE A
CITY-ST-ZIP 603 SARASOTA QUAY
SARASOTA FL 34236 ☐ Delete

TITLE NAME SRV
STREET ADDRESS FENTON, BRIAN S
CITY-ST-ZIP 586 CASTLEFIELD AVENUE
TORONTO, ONTARIO, CANADA ☐ Delete

TITLE NAME V
STREET ADDRESS TAYLOR, JEFFREY A
CITY-ST-ZIP 43 RANDOLPH RD
TORONTO, ONTARIO, CANADA ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300017554683
04/30/03--01042--029 **150.00

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

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

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

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

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

12. 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 10 or Block 11 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

April 14, 2003
Date

Daytime Phone #

CR2E034 (10/02)