

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90101 035 \*\*\*150.00

**DOCUMENT # P98000105678**

1. Entity Name  
**LPM AIR, INC.**

Principal Place of Business 316 S. BAYLEN ST., 6TH FLOOR PENSACOLA FL 32501	Mailing Address 316 S. BAYLEN ST., 6TH FLOOR PENSACOLA FL 32501-5900
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820410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3562904**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CAMPBELL, JAMES S**  
**3 W. GARDEN ST., STE. 700**  
**PENSACOLA FL 32501**

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.

SIGNATURE \_\_\_\_\_ (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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> NAME: <b>PAPANTONIO, J. MICHAEL</b> STREET ADDRESS: <b>316 S. BAYLEN ST., 6TH FLOOR</b> CITY-ST-ZIP: <b>PENSACOLA FL 32501</b>	<input type="checkbox"/>		
<b>D</b> NAME: <b>LEVIN, FRED</b> STREET ADDRESS: <b>316 S. BAYLEN ST., 6TH FLOOR</b> CITY-ST-ZIP: <b>PENSACOLA FL 32501</b>	<input type="checkbox"/>		
<b>D</b> NAME: <b>LEVIN, MARTIN</b> STREET ADDRESS: <b>316 S. BAYLEN ST., 6TH FLOOR</b> CITY-ST-ZIP: <b>PENSACOLA FL 32501</b>	<input type="checkbox"/>		
<b>D</b> NAME: <b>MORRIS, R. LARRY</b> STREET ADDRESS: <b>316 S. BAYLEN ST., 6TH FLOOR</b> CITY-ST-ZIP: <b>PENSACOLA FL 32501</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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 or other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date Daytime Phone #

CR2E034 (9/99)