


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90105 038 ***150.00

DOCUMENT # P99000001901

1. Entity Name
BUBBA AIR, INC.



Principal Place of Business
**3039 S.E. HWY. 70
ARCADIA FL 34266**

Mailing Address
**3039 S.E. HWY. 70
ARCADIA FL 34266**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3550278** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SCHLUNDT, MARK
3039 SE HWY 70
ARCADIA FL 34266**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRATZER, MATTHEW	NAME	
STREET ADDRESS	4071 LEAMARIE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLUNDT, MARK	NAME	
STREET ADDRESS	1875 CITRON ST.	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHERSON, CHARLES	NAME	
STREET ADDRESS	1102 HARBOUR GREEN	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, CHARLES W	NAME	
STREET ADDRESS	821 W. IMOGENE ST.	STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, CHARLES W JR	NAME	
STREET ADDRESS	5645 S.E. TAYLOR AVE.	STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **MARK SCHLUNDT** **2-3-03** **863-494-4848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)