

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012877

1. Entity Name
AIR AGENCY CONSULTANTS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90138 029 ***150.00

Principal Place of Business
1729 CAMPOS DRIVE
LADY LAKE FL 32159

Mailing Address
1729 CAMPOS DRIVE
LADY LAKE FL 32159-9582

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

73-1429240

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

EDWARD NOWE, CLARK SR.
1729 CAMPOS DRIVE
LADY LAKE FL 32159

Name

NOWE, CLARK EDWARD SR

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

1729 CAMPOS DR

City

LADY LAKE

FL

Zip Code

32159

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 CLARK EDWARD NOWE SR.

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

(NOTE: Registered Agent signature required when reinstating)

Clark Edward Nowe SR

1-10-00

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

TITLE P
NAME RAE A NOWE
STREET ADDRESS 1729 CAMPOS DR
CITY-ST-ZIP LADY LAKE, FL 32159

☐ Delete

TITLE S/ITV
NAME CLARK EDWARD NOWE SR
STREET ADDRESS 1729 CAMPOS DR
CITY-ST-ZIP LADY LAKE, FL 32159

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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 all other like empowered.

SIGNATURE: *Clark Edward Nowe SR*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

352-259-1488

Daytime Phone #

CR2E034 (9/99)