## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # **P99000030823** 1. Entity Name AIR CLASSICS, INC. 05-15-2001 90031 021 \*\*\*150.00 Principal Place of Business Mailing Address 561 PEARL HARBOR DRIVE 561 PEARL HARBOR DRIVE DAYTONA BEACH FL DAYTONA BEACH FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3566128 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CIANCETTA, NINO Street Address (P.O. Box Number is Not Acceptable) **561 PEARL HARBOR DRIVE** DAYTONA BEACH FL City 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VICE PRESIDENT GHASSAN M. TRESLAN. M) Change MAC OFFICERS AND DIRECTORS 11. TITLE ☐ Delete Addition TITLE RESLAN, JASON NAME NAME **561 PEARL HARBOR DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP PRESIDENT TITLE elete۔'۔'۔ TITLE Change DUTON, DONALD NAME DONALD H. DUTTON NAME 561 PEARL HARBOR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS CITY-ST-7IP

TITLE

NAME

Delete

DONALD DUTTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

RESIDEN

☐ Change

☐ Addition

3R2E034 (10/00)