

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049435

1. Entity Name

PREFERRED AIR, INC

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90121 032 \*\*\*150.00

Principal Place of Business

9660 VICTORIA LN #302  
NAPLES FL 34109

Mailing Address

9660 VICTORIA LN #302  
NAPLES FL 34109-1699

669 12th ST N  
NAPLES FL 34102

669 12th ST N  
NAPLES FL 34102

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

59-3579480

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

CRAPANO, CHRISTOPHER M  
9660 VICTORIA LN #302  
NAPLES FL 34109

CRAPANO, Christopher M  
669 12th ST N.  
NAPLES FL 34102

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

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

(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

TITLE NAME ☐ Delete  
CHRISTOPHER CRAPANO  
PRESIDENT  
STREET ADDRESS  
9660 VICTORIA LANE #302  
CITY-ST-ZIP  
NAPLES, FL 34109

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER M CRAPANO  
PRESIDENT

4/12/00  
Date

941-571-7915  
Daytime Phone #

CR2E034 (9/99)