

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90094 017 ***150.00

DOCUMENT # P99000049435

1. Entity Name
PREFERRED AIR, INC

Principal Place of Business
**1886 40TH TERRACE SW
 NAPLES FL 34116**

Mailing Address
**1886 40TH TERRACE SW
 NAPLES FL 34116**

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
 1136 ILLINOIS DRIVE
 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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** ☐ Delete
 NAME **CRAPARD, CHRISTOPHER**
 STREET ADDRESS **1136 ILLINOIS DRIVE**
 CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/26/02

239-354-5333

CR2E034 (4/02)

Attachment

999000049435

CAROL L. LeBEAU, P.A.

July 25, 2002

Division of Corporations
Uniform Business Report Filing
PO Box 1500
Tallahassee, FL 32302

RE: Preferred Air Inc.
59-3579480

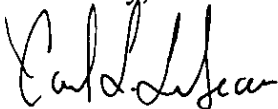
Dear Department of State:

Please find enclosed our completed 2002 Uniform Business Report. My client never received the original 2002 Uniform Business Report form until he received your recent correspondence.

We respectfully wish for your assistance in this matter. Since my client never received this form, we respectfully ask that you abate all penalties. Please find enclosed a check in the amount of \$150.00.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Carol L. LeBeau