

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057076

1. Entity Name

MELBOURNE AIR PARTNERS, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90017 029 ***550.00

Principal Place of Business

2290 W. EAU GALLIE BLVD.
 MELBOURNE FL 32935

Mailing Address

2290 W. EAU GALLIE BLVD.
 MELBOURNE FL 32935

2. Principal Place of Business

2290 W EAU GALLIE BL

3. Mailing Address

3210 WINDSONG CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE, FL 32935

City & State

MELBOURNE, FL 32934

4. FEI Number

59-3584495

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

32934

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ.
 1686 WEST HIBISCUS BLVD.
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name KEVIN B SMITH

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

3210 WINDSONG CT

City MELBOURNE

FL

Zip Code 32934

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KANCILIA, JOHN R ESQ.	
STREET ADDRESS	1686 WEST HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	<input checked="" type="checkbox"/> Addition
NAME	GOPAL GADODIA, PRESIDENT	
STREET ADDRESS	2290 W EAU GALLIE BL	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	Change	<input checked="" type="checkbox"/> Addition
NAME	SECRETARY TREASURER	
STREET ADDRESS	KEVIN SMITH	
CITY-ST-ZIP	3210 WINDSONG CT	
	MELBOURNE FL 32934	
TITLE	Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	<input type="checkbox"/> Addition
NAME		
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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN B SMITH Secretary 8-23-00
 Treasurer

Date

Daytime Phone #

321-294-6770

CR2E034 (5/00)