

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
 04-01-2002 90650 047 ***150.00

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DOCUMENT # P99000060722

1. Entity Name
KISSIMMEE AIR CENTER, INC.

Principal Place of Business 606 N DYER BLVD. KISSIMMEE FL 34741	Mailing Address 606 N DYER BLVD. KISSIMMEE FL 34741
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3585396		Applied For								
		Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required								
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2"> ISSOTT, MARC 4010 4 AVENUE KISSIMMEE FL 34746 </td> <td colspan="2"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		ISSOTT, MARC 4010 4 AVENUE KISSIMMEE FL 34746		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent								
ISSOTT, MARC 4010 4 AVENUE KISSIMMEE FL 34746		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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **3-802 407-518-7766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)