

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90099 016 ***150.00

DOCUMENT # P99000067014

1. Entity Name Airnet Global Network, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5019 80m Terr So
Suite, Apt. #, etc.

3. Mailing Address
5019 80m Terr So
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Worth FL
Zip
33467
Country
USA

City & State
Lake Worth FL
Zip
33467
Country
USA

4. FEI Number 65-0940907
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Dean S. Keil
Street Address (P.O. Box Number is Not Acceptable)
5019 80m Terrace So
City Lake Worth FL Zip Code 33467

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

(NOTE: Registered Agent signature required when reinstating)

4-19-2002
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME Keil, Dean
STREET ADDRESS 5019 80m Terrace So
CITY - ST - ZIP Lake Worth FL 33467

TITLE D
NAME Keil, Donna
STREET ADDRESS 5019 80m Terrace So
CITY - ST - ZIP Lake Worth FL 33467

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2002
Date

561-961-3800
Daytime Phone #

CR2E034B (12/01)