

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90090 013 ***150.00

DOCUMENT # P99000079426

1. Entity Name
ADVANCED AIR DESIGNS, INC.



Principal Place of Business
1085 SILVER BEACH RD.
STE # 2
WEST PALM BEACH FL 33403

Mailing Address
1085 SILVER BEACH RD.
STE # 2
WEST PALM BEACH FL 33403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0951435**

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

JAYNES, DAVID A
120 S OLIVE AVE # 702
WEST PALM BEACH FL 33401

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **TARANTINO, CATHERINE**
STREET ADDRESS **3570 S 55TH AVENUE**
CITY-ST-ZIP **GREEN ACRES FL 33463**

☒ Delete

TITLE **VPD**
NAME **ANTONOGLOU, DAN**
STREET ADDRESS **3570 S 55TH AVE**
CITY-ST-ZIP **GREEN ACRES FL 33463**

☐ Delete

TITLE **PD**
NAME **DORMAN, KENNETH J**
STREET ADDRESS **11185 MONET RIDGE**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME **DORMAN, KENNETH J.**
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☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-03 561-841-0036

Date

Daytime Phone #

CR2E034 (10/02)