

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084867

1. Entity Name

SHELTAIR ORLANDO, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90133 013 ***150.00

Principal Place of Business

4860 NE 12TH AVENUE
FORT LAUDERDALE FL 33334

Mailing Address

4860 NE 12TH AVENUE
FORT LAUDERDALE FL 33334-4804

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

Applied For

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMATZ, JOHN F
4860 NE 12TH AVENUE
FORT LAUDERDALE FL 33334

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ☐ Delete
NAME D
STREET ADDRESS HOLLAND, GERALD M
CITY-ST-ZIP 4860 NE 12TH AVENUE
FORT LAUDERDALE FL 33334

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHMATZ, JOHN F
CITY-ST-ZIP 4860 NE 12TH AVENUE
FORT LAUDERDALE FL 33334

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

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TITLE ☐ Change ☐
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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerald M. Holland, M. M.
Gerald M. Holland, M. M.

4/11/2000

Date

Daytime Phone #

954-491-26