

2001 UNIFORM BUSINESS REPORT (UBR)

5/5/01

FILED
May 24, 2001 8:00 am
Secretary of State

05-05-2001 90235 021 ***150.00

DOCUMENT # P99000104795

1. Entity Name
G-MONEY AIR, INC.

Principal Place of Business Mailing Address
5740 COLUMBIA CIRCLE 5740 COLUMBIA CIRCLE
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407

40643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number APPLIED FOR <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent SWITLYK, GEORGE A 5740 COLUMBIA CR. WEST PALM BEACH FL 33407		7. Name and Address of New Registered Agent Name SWITLYK, GEORGE A. 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

GEORGE A. SWITLYK, PRES.

4/25/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$550.00
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SWITLYK, GEORGE A 5740 COLUMBIA CIRCLE WEST PALM BEACH FL 33407 <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
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
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GEORGE A. SWITLYK, PRES.

4/25/01 (561) 842-9793

CR2E034 (10/00)

Form **SS-4**(Rev April 2000)
Department of the Treasury
Internal Revenue Service**Attachment 46743 / P990001 04795 Attachment**
Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

PLEASE PRINT CLEARLY OR

1 Name of Applicant (legal name) (see instructions)

G Money Air, Inc.

2 Trade Name of Business (if different from name on line 1)**3** Executor, Trustee, 'Care of Name**4a** Mailing Address (street address) (room, apartment, or suite number)

5740 Columbia Circle

5a Business Address (if different from address on lines 4a and 4b)**4b** City State ZIP Code

West Palm Beach FL 33407

5b City State ZIP Code**6** County and State Where Principal Business is Located

Palm Beach County

7 Name of Principal Officer, General Partner, Grantor, Owner, or Trustor — SSN or ITIN may be required (see instructions)

▶ 202-48-6367

8a Type of entity (Check only one box) (see instructions)**Caution:** If applicant is a limited liability company, see the instructions for line 8a.☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☐ Other (specify) ▶☐ Personal service corp☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ▶☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Florida

Foreign Country

9 Reason for applying (Check only one box.) (see instructions)☒ Started new business (specify type) ▶☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Hired employees. (Check the box and see line 12.)☐ Created a pension plan (specify type) ▶☐ Other (specify) ▶**10** Date business started or acquired (month, day, year) (see instructions)

01/02/01

11 Closing month of accounting year (see instructions)

12/31

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)**13** Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter '0' (see instructions) ▶

Nonagricultural

Agricultural

Household

0

14 Principal activity (see instructions) ▶ Service**15** Is the principal business activity manufacturing?☐ Yes☒ No

If 'Yes,' principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.☒ Business (wholesale)☐ Public (retail)☐ Other (specify) ▶☐ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business?☐ Yes☒ No**Note:** If 'Yes,' please complete lines 17b and 17c.**17b** If you checked 'Yes' on line 17a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate Date When Filed (month, day, year)

City and State Where Filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business Telephone Number
(Include area code)

(561) 842-9793

Fax Telephone Number (Include area code)

Name and Title (Please type or print clearly.) ▶ George A Switlyk, President

Signature ▶

Date ▶ 05/17/01

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo

Ind

Class

Size

Reason for Applying

BAA For Privacy and Paperwork Reduction Act Notice, see separate instructions.

FD122901 09/18/00

Form SS-4 (Rev 4-2000)