

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107393

1. Entity Name

SOUTHERN AERO SPORTS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90004 030 ***150.00

Principal Place of Business

Mailing Address

101 CAPRI ISLES BLVD. SUITE 11
VENICE FL 34292

101 CAPRI ISLES BLVD. SUITE 11
VENICE FL 34292

2. Principal Place of Business

3329 PAPAYA ROAD

Suite, Apt. #, etc.

3. Mailing Address

3329 PAPAYA ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VENICE FL.

City & State

VENICE FL

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

Zip

34293

Country

USA

Zip

34293

Country

USA

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

LEWIS, ELIJAH J

101 CAPRI ISLES BLVD, SUITE 11
VENICE FL 34292

Name

LEWIS, ELIJAH J.

Street Address (P.O. Box Number is Not Acceptable)

3329 PAPAYA ROAD

City

VENICE, FL

FL

Zip Code

34293

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

Elijah J. Lewis
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/08/2000
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 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	<input type="checkbox"/> Delete
PRESIDENT	ELIJAH J. LEWIS	3329 PAPAYA RD.	VENICE, FL 34293	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Elijah J. Lewis / PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/2000
Date

941-416-5876
Daytime Phone #

CR2E034 (9/99)