

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109307

1. Entity Name

IRISH AVIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90083 045 ***150.00

Principal Place of Business

Mailing Address

C/O DAVID ALLEN WEBSTER PA
413 VIRGINIA DRIVE
ORLANDO FL 32803

C/O DAVID ALLEN WEBSTER PA
413 VIRGINIA DRIVE
ORLANDO FL 32803

C/O DAVID A. WEBSTER, ESQ

C/O DAVID A. WEBSTER, ESQ.

2. Principal Place of Business

3. Mailing Address

1 PEACHTREE ROAD

701 PEACHTREE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

59-3614222

Applied For

Not Applicable

Zip

32804

Country

Zip

32804

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

DAVID ALLEN WEBSTER, P.A.
413 VIRGINIA DRIVE
ORLANDO FL 32803

Name

UWSA SERVICES, INC.

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

701 PEACHTREE ROAD

City ORLANDO

FL

Zip Code 32804

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, type 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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, CRAIG P MD	
STREET ADDRESS	1345 SPRING LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT, DIRECTOR, SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CRAIG P., M.D.	
STREET ADDRESS	1345 SPRING LAKE DRIVE	
CITY-ST-ZIP	ORLANDO, FL. 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)