

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22445

1. Entity Name

FLORIDA AIRLINES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90097 017 ***150.00

Principal Place of Business

1586 SW BAYSHORE BLVD
PORT ST. LUCIE FL 34983
US

Mailing Address

* SHANN'S TAX SERVICE, INC.
1586 SW BAYSHORE BLVD
PORT ST LUCIE FL 34983-2966
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0241961

Applied For

Not Applicable

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

HIGGINS, JAMES S.
~~2400 S. FEDERAL HWY.~~
SUITE 400
STUART FL 34994

Name

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

800 SE MONTEREY COMMONS BL STE 200

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STUART, KEVIN
STREET ADDRESS 9 NAUTILUS CRESENT
CITY-ST-ZIP ST HUBERTS ISL, AUSTRALIA

TITLE PRESIDENT ☒ Change ☐ Addition
NAME STUART KEVIN
STREET ADDRESS 26 D/S. BAYVIEW ST RUNAWAY BAY QLD
CITY-ST-ZIP AUSTRALIA 4216

TITLE VD ☐ Delete
NAME BLEASDALE, DESMOND
STREET ADDRESS 9 NAUTILUS CRESENT
CITY-ST-ZIP ST HUBERTS ISL, AUSTRALIA

TITLE VD ☒ Change ☐ Addition
NAME BLEASDALE, DESMOND
STREET ADDRESS C/O K. STUART 26 D/S. BAYVIEW ST
CITY-ST-ZIP RUNAWAY BAY QLD AUSTRALIA 4216

TITLE D ☐ Delete
NAME STUART, GREGORY
STREET ADDRESS 9 NAUTILUS CRESENT
CITY-ST-ZIP ST HUBERTS ISL, AUSTRALIA

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

TITLE STD ☐ Delete
NAME STUART, GLYNIS
STREET ADDRESS 9 NAUTILUS CRESENT
CITY-ST-ZIP ST HUBERT ISL, AUSTRALIA

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

TITLE D ☐ Delete
NAME LOWRY, WILLIAM
STREET ADDRESS 3330 NE INDIAN RIVER DR
CITY-ST-ZIP JENSEN BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)