

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90069 026 ***150.00

DOCUMENT # S22445

1. Entity Name

FLORIDA AIRLINES, INC.

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
 US

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

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)

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, 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 PD ☐ Delete
 NAME STUART, KEVIN
 STREET ADDRESS 26 D/S BAYVIEW ST. RUNAWAY BAY BLVD.
 CITY-ST-ZIP ST HUBERTS ISL, AUSTRALIA

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

TITLE VD ☐ Delete
 NAME BLEASDALE, DESMOND
 STREET ADDRESS 26 D/S BAYVIEW ST. RUNAWAY BAY BLVD.
 CITY-ST-ZIP ST HUBERTS ISL, AUSTRALIA

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

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 #

30 JAN 2001

CR2E034 (10/00)