

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23621

1. Entity Name
AIR 15, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90060 034 ***150.00

Principal Place of Business
1390 VIEWTOP DR
CLEARWATER FL 34624-3737
US

Mailing Address
1390 VIEWTOP DR
CLEARWATER FL 34624-3737
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3045686**

Applied For

Not Applicable

Zip

Country

Zip

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

BYCROFT, PETER R.
~~1390 VIEWTOP DR~~ 1878 BEVERLY CIR N
CLEARWATER FL ~~34624~~
33764-4604

Name

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

1878 BEVERLY CIR N

City

Clearwater

FL

Zip Code

33764

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]
Signature, print or printed name of registered agent and title if applicable.

Peter Bycroft

1-26-01

(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 ☐ Delete
NAME D
STREET ADDRESS BYCROFT, PETER R.
CITY-ST-ZIP 1390 VIEWTOP DR
CLEARWATER FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1878 BEVERLY CIR N
CITY-ST-ZIP Clearwater, FL 33764-4604

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Bycroft Pres

1-26-01

Date

727-441-1818

Daytime Phone #

CR2E034 (10/00)