

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90209 021 ***150.00

0488157 AV

DOCUMENT # S23621

1. Entity Name
AIR 15, INC.



Principal Place of Business
**1878 BEVERLY CIRCLE
CLEARWATER FL 33764-4604
US**

Mailing Address
**PO BOX 5232
CLEARWATER FL 33758-5232
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City, & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3045686**

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

**BYCROFT, PETER R.
1878 BEVERLY CIRCLE
CLEARWATER FL 33764-4604**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BYCROFT, PETER R**
STREET ADDRESS **1878 BEVERLY CIR**
CITY-ST-ZIP **CLEARWATER FL 33764-4604**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

RE REQUIRED

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-441515

CR2E034 (10/02)

Attachment

90136480
#523621

AIR 15, INC
P.O. BOX 5232
CLW, FL 33758

May 11, 2003

ToWhom IT MAY CONCERN:

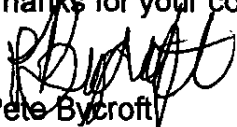
~~We are late on paying for our 2003 uniform Business report.~~

Because our office was broken into and our checkbook was stolen

We just received our new checkbook and we are mailing our payment

We would appreciate it if you would not penalize us on this matter.

Thanks for your concern,


Pete Bycroft
Owner

***If any questions please contact me at 727-441-1515