

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # V22767

1. Entity Name

LUNS福德 AIR, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State

05-19-2000 90846 001 ***300.00

Principal Place of Business

3200 AIRPORT WEST DR.
SUITE B
VERO BEACH FL 32962

Mailing Address

3200 AIRPORT WEST DR.
SUITE B
VERO BEACH FL 32962-1997

2. Principal Place of Business

1585 Aviation Ctr. Pkwy.

3. Mailing Address

P O Box 730996

Suite, Apt. #, etc.

Suite 606

Suite, Apt. #, etc.

City & State
Daytona Beach FL

City & State
Ormond Beach FL

Zip

32114

Country

Volusia

Zip

32173-0996

Country

Volusia

4. FEI Number 65-0350940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUNS福德, ANNE F.
770 W. GRANADA BLVD.
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

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, 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

TITLE ☐ Delete
NAME LUNS福德, SCOTT W.
STREET ADDRESS 3200 AIRPORT WEST DR. #B
CITY-ST-ZIP VERO BEACH FL President

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P O Box 730996
CITY-ST-ZIP Ormond Beach FL 32173-0996

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)