

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90223 040 \*\*\*150.00

RECEIVED AS

**DOCUMENT # F01000003664**

1. Entity Name  
**LAKELAND AIR TRANSPORT, INC.**



Principal Place of Business  
**3400 AIRFIELD DRIVE WEST SUITE 4  
LAKELAND FL 33811**

Mailing Address  
**3400 AIRFIELD DRIVE WEST SUITE 4  
LAKELAND FL 33811**



2. Principal Place of Business  
**3600 DRANE FIELD RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**3600 DRANE FIELD RD**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**LAKELAND, FL**

City & State  
**LAKELAND FL**

Zip  
**33811** Country  
**POLK**

Zip  
**33811** Country  
**POLK**

4. FEI Number **84-1397537**

Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**

**HICKS, DARYL G**  
**3400 AIRFIELD DRIVE WEST, SUITE 4**  
**LAKELAND FL 33811**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3600 DRANE FIELD RD**

City **LAKELAND** State **FL** Zip Code **33811**

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  DATE **1-19-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST HICKS, DARYL G 3400 AIRFIELD DRIVE WEST, SUITE 4 LAKELAND FL 33811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD HICKS, DARYL G 3400 AIRFIELD DRIVE WEST, SUITE 4 LAKELAND FL 33811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **1-19-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)