## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** F02000005086 **DOCUMENT#**



**FILED** May 01, 2003 8:00 am Secretary of State

DELTA AIRELITE BUSINESS JETS, INC.						03 01 2005 700.	J 2 3 3 1	
Principal Place of Business 77 COMAIR BLVD. ERLANGER KY 41018		Mailing Address 1030 DELTA BLVD DEPT. 852 C/O DEAN ARVIDSON ATLANTA GA 30354						
2. Principal P	Place of Business		3. Mailing Address			1 100(100 1111 00110 11011 00111 00111 0011	, Int musin mains natus masúi	IBRID BEIL FOOT
Suite, Apt. #, etc.		-	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FEI Number 31-1103656		oplied For of Applicable
Zip Country		ountry	Zíp .	Country		5. Certificate of Status Desired [	\$8.75 Ad	
	6. Name and	Address of Current R	egistered Agent			7. Name and Address of New Regis	tered Agent	•
				Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street	reet Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525								
				City		· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	e
	named entity sub tions of registered		the purpose of changing its	registered office of	r registere	d agent, or both, in the State of Florida.	. I am familiar with,	and accept
	· ·							
SIGNATURE .	Signature, typed or prin	nted name of registered agent an	d title if applicable. (NOTE	:: Registered Agent signe	ture required w	then reinstating)	DATE	
			1					
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				e		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
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ATLANTA, GA 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 life empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

FISHER, JEFFREY T

ATLANTA GA 30354

1025 VIRGINIA AVE., SUITE 401

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Delete

Secretary

Assistant Treasurer

Robert J. Buckley

1030 DELTA BLVD #852

36354

4/29

404-75-5013

Daytime Phone #

Change

X Addition