

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90456 005 ***150.00

DOCUMENT # F81991

1. Entity Name
FLIGHTLINE GROUP, INC.

Principal Place of Business TALLAHASSEE REGIONAL AIRPORT 3256 CAPITAL CIRCLE S.W. TALLAHASSEE FL 32310	Mailing Address TALLAHASSEE REGIONAL AIRPORT 3256 CAPITAL CIRCLE S.W. TALLAHASSEE FL 32310
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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 **59-2189666**

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

**LANGSTON, PAUL M
 TALLAHASSEE REGIONAL AIRPORT
 3256 CAPITAL CIRCLE S.W.
 TALLAHASSEE FL 32310**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P LANGSTON, PAUL M 4533 ANDREW JACKSON WAY TALLAHASSEE, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANGSTON, CARMEN G. 4533 ANDREW JACKSON WAY TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST LANGSTON, CHARLES D 2986 ST. STEVENS DR TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 fees empowered.

SIGNATURE: C. Langston
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 Date 850-574-4444 Daytime Phone #

CR2E034 (10/00)