

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90008 028 ***550.00

0446400

DOCUMENT # F96000005467

1. Entity Name:
AIR-VAN, INC.

Principal Place of Business
1045 S. RIVER INDUSTRIAL BLVD
ATLANTA GA 30321

Mailing Address
PO BOX 16709
ATLANTA GA 30321

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number **58-0540044**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MATTHEWS, HERBERT R
16 SUNSET CAY RD
KEY LARGO FL 33037

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. (NOT Registered Agent's 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

TITLE	PD	☐ Delete
NAME	MATTHEWS, HERBERT R SR	
STREET ADDRESS	1045 S. RIVER INDUSTRIAL BLVD	
CITY-ST-ZIP	ATLANTA GA 30321	
TITLE	VD	☐ Delete
NAME	MATTHEWS, HERBERT R JR	
STREET ADDRESS	1045 S. RIVER INDUSTRIAL BLVD	
CITY-ST-ZIP	ATLANTA GA 30321	
TITLE	S	☐ Delete
NAME	MATTHEWS, PATRICIA	
STREET ADDRESS	1045 S. RIVER INDUSTRIAL BLVD	
CITY-ST-ZIP	ATLANTA GA 30321	
TITLE	AS	☐ Delete
NAME	BUTLER, LEA	
STREET ADDRESS	1045 S. RIVER INDUSTRIAL BLVD	
CITY-ST-ZIP	ATLANTA GA 30321	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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 the 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 like empowered

SIGNATURE: *Matthews*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/01 704-267-2200
 Date Daytime Phone #

CR2E034 (10/00)