

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90072 038 ***150.00

0583376 AT

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.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-0540044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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.

(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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MATTHEWS, HERBERT R SR 1045 S. RIVER INDUSTRIAL BLVD ATLANTA GA 30321	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTHEWS, HERBERT R JR 1045 S. RIVER INDUSTRIAL BLVD ATLANTA GA 30321	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTHEWS, PATRICIA 1045 S. RIVER INDUSTRIAL BLVD ATLANTA GA 30321	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUTLER, LEA 1045 S. RIVER INDUSTRIAL BLVD ATLANTA GA 30321	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HERBERT R. MATTHEWS, JR.

Date

Daytime Phone #

3-28-02

404-267-2208

CR2E034 (9/01)