## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P93000048316

1. Entity Name

CHART AIR, INC.

Principal Place of Rusiness

Mailing Address

## FILED Apr 04, 2001 8:00 am Secretary of State

04-04-2001 90066 013 \*\*\*150.00

2150 SOUTH CO WEST PALM BE	ONGRESS AVENUE EACH FL 33406	2150 SOUTH CONGRESS AVENUE WEST PALM BEACH FL 33406			<b>LUA#1000</b>				
Suite, Apt.	T STAP	3. Mailing Address 318 IND Suite, Apt. #, etc. # 137 City & State Westou Zip 333336	ANTR FLORIE Country SA		4. FEI Number  5. Certificate of S	<u> </u>	N THIS SPACE  A N S8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent WHITFIELD, GRAHAM F 2150 S CONGRESS AVE W PALM BEACH FL 33406				7. Name and Address of New Registered Agent  Name DCRWIN WCSTERBERGER  Street Address (P.O. Box Number is Not Acceptable)  318 TNDIAN TRACE # 137  City WCSTON, FL FL Zip Code 333366					
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  Signiture load a printed name of registered agent and title idepplicable. (NOTE: Registered Agent signature required when reinstating)  PATE  9. This corporation is engible to satisfy its Intangible Tax filling requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  Trust Fund Contribution.									
-	ia on back)  OFFICERS AND D  PD  PASHINSKI, MICHAEL	Make Check Payabl		nt of Stat	ADDITIONS/CHA	ANGES TO OFFICE	RS AND DIRECTOR		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9594 CARISSA RD BOYNTON BEACH FL 33436 VD WHITFIELD, GRAHAM 2150 S CONGRESS AVE	₩ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	67 WE	2 Verona Ston Fl	. Place . ! 33326	☐ Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	W PALM BEACH FL 33406 SD KROENBERGER, BRYAN 701 NW 141ST AVE #207	Oelete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	<u></u>		☐ Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PEMBROKE PINES FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	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:

R DIRECTOR