

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 416045

1. Entity Name

AIRTRANS, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90121 039 ***150.00

Principal Place of Business

Mailing Address

~~1521 NE 8TH AVENUE~~
P.O. BOX 2255
OCALA FL 34478-2255
US

~~1521 NE 8TH AVENUE~~
P.O. BOX 2255
OCALA FL 34478-2255
US

2. Principal Place of Business

2626 N.E. Jacksonville Rd

3. Mailing Address

P.O. Box 2255

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL 34479

City & State

Ocala, FL

4. FEI Number

59-1504028

Applied For

Not Applicable

Zip

Country

Zip

Country

34479

Marion

34478-2255

Marion

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

PINE, JOSEPH

~~1521 NE 8TH AVENUE~~
OCALA FL 34470

2626 N.E. Jacksonville RD
Ocala, FL 34479

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

Joseph Pine-President

2/14/2000

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, 2000 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
PM
PINE, JOSEPH
~~1521 NE 8TH AVENUE~~
OCALA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pine, Joseph
2626 N.E. Jacksonville RD
Ocala, FL 34479 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
PINE, JOSEPH
~~1521 NE 8TH AVE~~
OCALA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2626 N.E. Jacksonville RD
Ocala, FL 34479 ☒ Change ☐ Addition

TITLE
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☐ Delete

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☐ 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:

Joseph Pine-President

Feb. 14, 2000

(352) 620-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/99)