

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **447107**

1. Entity Name
AERO TRANSWAY ENTERPRISES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90049 001 ***150.00

Principal Place of Business
2206 WOODLAWN DR.
P.O. BOX 163
TALLAHASSEE FL 32302

Mailing Address
2206 WOODLAWN DR.
P.O. BOX 163
TALLAHASSEE FL 32302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2206 WOODLAWN DR.
Suite, Apt. #, etc.
P.O. Box 163

3. Mailing Address
2206 WOODLAWN DR.
Suite, Apt. #, etc.
Tallahassee, FL

City & State
Tallahassee, FL

City & State

4. FEI Number **59-1535350**

Applied For
Not Applicable

Zip
32303

Country
LEON

Zip
32303

Country
LEON

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

MARTIN, JOHN H
125 OLD CHISHOLM TRAIL
EUSTIS FL 32726

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, 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 **VD** ☐ Delete
NAME **MORTIMER, GEORGE L.**
STREET ADDRESS **2206 WOODLAWN**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **VD** ☐ Delete
NAME **MARTIN, JOHN H.**
STREET ADDRESS **125 OLD CHISHOLM TRAIL**
CITY-ST-ZIP **EUSTIS FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: George L. Mortimer **George L. Mortimer, VD** 4/28/2001 (385-1912)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)