

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90088 009 ***150.00

DOCUMENT # 472222

1. Entity Name

AIRKO FREIGHT SYSTEMS, INC.

Principal Place of Business

JACKSONVILLE INT'L AIRPORT
 18102 AMF
 JACKSONVILLE FL 32229

Mailing Address

JACKSONVILLE INT'L AIRPORT
 18102 AMF
 JACKSONVILLE FL 32229

2. Principal Place of Business

2242 Hirsch Ct.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

Country

32216

Duval

4. FEI Number

59-1587468

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HILL, A. LAMAR
JAX. INTERN AIRPORT AIR CARGO BLDG
JACKSONVILLE FL 32229

7. Name and Address of New Registered Agent

Name **Hill, A. Lamar**
 Street Address (P.O. Box Number is Not Acceptable)
2242 Hirsch Ct.
 City **Jacksonville,** **FL** Zip Code **32216**

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 **A. Lamar Hill**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-15-00

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

TITLE **PD** ☐ Delete
 NAME **HILL, A LAMAR**
 STREET ADDRESS **2242 HIRSCH CT**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **T** ☐ Delete
 NAME **HILL, MAE**
 STREET ADDRESS **2242 HIRSCH CT**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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

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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

A. Lamar Hill

Date

Daytime Phone #

1-15-00 (904) 724425

CR2E034 (9/99)

A0009742



DO NOT WRITE IN THIS SPACE