

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90031 027 ***150.00

DOCUMENT # 856017

1. Entity Name

ATLANTIC SOUTHEAST AIRLINES, INC.

Principal Place of Business

**100 HARTSFIELD CENTRE PARKWAY
 SUITE 800
 ATLANTA GA 30354-1256**

Mailing Address

**100 HARTSFIELD CENTRE PARKWAY
 SUITE 800
 ATLANTA GA 30354-1256**

00099123



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1030 DELTA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Dept. 852

City & State

City & State

ATLANTA, GA

4. FEI Number

58-1354495

Applied For

Not Applicable

Zip

Country

Zip

Country

30354

U.S.

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

**UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNETTE, W E S 508 LIGHT HOUSE LANE PEACHTREE CITY GA 30269	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARVIDSON, DEAN C 1030 DELTA BLVD. ATLANTA GA 30320	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFC SIMMONS, JEFF 1030 DELTA BLVD ATLANTA GA 30320	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATTS, SAM 120 TERANE RIDGE PEACHTREE CITY GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISCHER, MARK 1008 PATINA POINT PEACHTREE CITY GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISCHER, MARK 1008 PATINA POINT PEACHTREE CITY GA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

DEAN C. Arvidson Secretary

4/17/2002 404-715-5013

Date

Daytime Phone #

CR2E034 (9/01)