

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90026 039 \*\*\*150.00

**DOCUMENT # F93000005247**

1. Entity Name

**AIR TIME AIR CARGO SPECIALISTS INC.**

Principal Place of Business

Mailing Address

**5937 ANNE AVENUE  
 ORLANDO FL 32809  
 US**

**P O BOX 590005  
 ORLANDO FL 32859-0005  
 US**

2. Principal Place of Business

**14728 HENSON ROAD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

City & State

4. FEI Number **01-0481757**

Applied For

Not Applicable

Zip

**32832**

Country

**USA**

Zip

Country

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

**BOND, MARK R  
 5937 ANNO AVE  
 ORLANDO FL 32809**

Name

**BOND, MARK R.**

Street Address (P.O. Box Number is Not Acceptable)

**14728 HENSON ROAD**

City

**ORLANDO**

**FL**

Zip Code  
**32832**

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

*Mark R. Bond*

**02/23/01**

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 **S** ☐ Delete  
 NAME **MCDONALD, ARNIE**  
 STREET ADDRESS **193 MIDDLE STREET**  
 CITY-ST-ZIP **PORTLAND ME**

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

TITLE **P** ☐ Delete  
 NAME **BOND, MARK R**  
 STREET ADDRESS **5901 ANNO AVENUE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **P** ☒ Change ☐ Addition  
 NAME **BOND, MARK R.**  
 STREET ADDRESS **14728 HENSON ROAD**  
 CITY-ST-ZIP **ORLANDO FL 32832**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Mark R. Bond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/23/01**

Date

**407 277-3727**

Daytime Phone #

CR2E034 (10/00)