

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90372 011 \*\*\*150.00

**DOCUMENT # F94000000760**

1. Entity Name

**AIR TRANSPORTATION HOLDING COMPANY, INC.**



Principal Place of Business

**3524 AIRPORT RD  
LITTLE MOUNTAIN AIRPORT  
MAIDEN NC 28650  
US**

Mailing Address

**P O BOX 488  
LITTLE MOUNTAIN AIRPORT  
DENVER NC 28037  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1206400**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ABERNATHY, CLAUDE S**  
STREET ADDRESS **S. COLLEGE AVE.**  
CITY-ST-ZIP **NEWTON NC 28658**

TITLE **D** ☐ Delete  
NAME **PRILL, GEORGE C**  
STREET ADDRESS **20 ADLER CIR.**  
CITY-ST-ZIP **GALVESTON TX 77551**

TITLE **D** ☐ Delete  
NAME **CHESTNUTT, SAM**  
STREET ADDRESS **10548 CROTON RD**  
CITY-ST-ZIP **JOHNSTON OH**

TITLE **DV** ☐ Delete  
NAME **GIOFFRE, JOHN J**  
STREET ADDRESS **P.O. BOX 488 N/A**  
CITY-ST-ZIP **DENVER NC**

TITLE **DV** ☐ Delete  
NAME **BINGHAM, J. HUGH**  
STREET ADDRESS **P.O. BOX 488 N/A**  
CITY-ST-ZIP **DENVER NC**

TITLE **DV** ☐ Delete  
NAME **SIMPSON, WILLIAM H**  
STREET ADDRESS **P.O. BOX 488 N/A**  
CITY-ST-ZIP **DENVER NC**

## 11. 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

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

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CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)