

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99414

1. Entity Name

TPI INTERNATIONAL AIRWAYS INC.

Principal Place of Business

2107 COAST ST. #N
BRUNSWICK GA 31520

Mailing Address

2107 COAST ST. #N
BRUNSWICK GA 31520
5449 MARCIA
JACKSONVILLE FL
32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2234908

Applied For

Not Applicable

Zip

Country

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

NIVEN, JEAN FRANCES

2500 E. HALLANDALE BEACH BLVD.
STE. 705
HALLANDALE FL 33009

601 S. BAYSIDE
ST 800
TAMPA
33606

Name

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

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 PD Delete
NAME CATCHPOLE, FREDERICK R
STREET ADDRESS 2107 COAST STREET, NORTH
CITY-ST-ZIP BRUNSWICK GA 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5449 MARCIA
JACKSONVILLE FL
32210

Change Addition

TITLE ST Delete
NAME NIVEN, JEAN FRANCES
STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD.
CITY-ST-ZIP HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

601 S. BAYSIDE
ST 800
TAMPA, FL 33606

Change Addition

TITLE D Delete
NAME STOCKER, PAUL
STREET ADDRESS 2250 DOROTHY WAY
CITY-ST-ZIP ALLENTOWN PA 18103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:


F.R. CATCHPOLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 904-771-6852
Date Daytime Phone #

CR2E034 (10/00)