2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



Mar 28, 2003 8:00 am Secretary of State 03-28-2003 90063 007 ***150.00

FILED

1. Entity Name RITEWAY AIR, INC.	K53996			
Principal Place of Business 1350 W. BRANDON BLVD BRANDON FL 33510 US	Mailing Address 3355 BEARSS AVE TAMPA FL 33618 US			
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

-	W. BRANDON BLVD 3355 BEARSS AVE NDON FL 33510 TAMPA FL 33618 US								
2. Principal Place of Business 3. Mailing Address				T (1880) II BE BIIOD HILLE IBNIO BULLO BLAN OLDIN OLDIN BION BUDIN BIIDH				(B)(B)(B() (B)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. F	4. FEI Number 59-2935659 Applied For Not Applicable			
Zip	Country	Zip Coun		/	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent					
			• •	Name -	3				
SANDERS	, WALTER		-	Street Address (P.O. Box Number is Not Acceptable)					
3355 BEA	rss ave			Street Address (P.O. Box Normber is Not Acceptable)					
TAMPA FL	. 33618								
			_	City Zip Code					
the obligati	named entity submits the statement for ions purgistered agent. Signature, typed or proced name of registered agent. ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	Walter	Sano	de/5 Agent signature red		instating) 9. Election Campaign Financing	7/03 ATE \$5.0	10 May Be	
	Payable to Florida Department of	f State				Trust Fund Contribution.		to Fees	
10.	OFFICERS AND	*****	11.		AD	DITIONS/CHANGES TO OFFICERS			
TITLE HAME STREET ADDRESS CITY-ST-ZIP	PS YAMBOR, PAULA R. 2202 SHERBROOK DRIVE VALRICO FL	R, PAULA R. HERBROOK DRIVE O FL Delete TI R, ARTHUR A. HERBROOK DRIVE		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT YAMBOR, ARTHUR A. 2202 SHERBROOK DRIVE VALRICO FL			ADDRESS T-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	gn	_ Delete	NAME	ADDRESS T-ZIP			☐ Change	☐ Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		11200	☐ Change	Addition	
		· · · · · · · · · · · · · · · · · · ·							

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 Statutés. 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 effect 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: