

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M99000000165

1. Entity Name
AIR-SERVE GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:35

Principal Place of Business Mailing Address
2 CONCOURSE PARKWAY, SUITE #155 2 CONCOURSE PARKWAY, SUITE #155
ATLANTA GA 30328 ATLANTA GA 30328-5566



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1886 Midtown P.O. Drawer 2529
Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit #3
City & State City & State
Lake City, FL Collins, MS
Zip Country Zip Country
32025 U.S. 39428 U.S.

4. FEI Number 41-1912023 Applied For
56-1046225 Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code 11

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE NAME MGRM PETERS, NICHOLAS
STREET ADDRESS 2 CONCOURSE PARKWAY, SUITE #155
CITY-ST-ZIP ATLANTA GA 30328
TITLE NAME Regional Controller
STREET ADDRESS Lynn L. Smith
CITY-ST-ZIP
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES
TITLE NAME Regional Controller
STREET ADDRESS Lynn L. Smith MGRM
CITY-ST-ZIP 808 Main St
Collins, MS 39428
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME
STREET ADDRESS
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lynn L. Smith 01/31/00 601-765-4425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)