

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90105 029 ***150.00

0112713 AV

DOCUMENT # P02000040143

1. Entity Name
ALWAYS AIR INC.



Principal Place of Business
**6809 WESTEND AVE
NEW PORT RICHEY FL 34655**

Mailing Address
**6809 WESTEND AVE
NEW PORT RICHEY FL 34655**



2. Principal Place of Business
6809 Westend Ave.
Suite, Apt. #, etc.

3. Mailing Address
6809 Westend Ave.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
New Port Richey, FL
Zip
34655
Country
Pasco

City & State
New Port Richey, FL
Zip
34655
Country
Pasco

4. FEI Number
73-163615-9
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILFORE, RONALD
6809 WESTEND AVE
NEW PORT RICHEY FL 34655**

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 Ron Wilfore **Ron Wilfore** **Owner & President** **8-15-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WILFORE, RONALD
6809 WESTEND AVE.
NEW PORT RICHEY FL 34655** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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: Ron Wilfore **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-03 **727-505-2885**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80140271

#P02000040143

ALWAYS AIR INC.
6809 WESTEND AVE.
NEW PORT RICHEY, FL
34655

To whom it may concern,

This is a letter to state that I did not receive
prior notice to this one for the corps. U.B.R.
I am sending my original fee of \$150.00 as
instructed.

Thank you,

Ron Wilfore

PHONE: 727-505-2885

FAX: 727-376-2446

WWW.ALWAYS AIR INC. @ VERIZON.NET