

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009031

1. Entity Name

CENTRAL AIR CHARTER, INC.

Principal Place of Business

3200 FLIGHTLINE DRIVE  
STE #301  
LAKELAND FL 33811  
US

Mailing Address

3200 FLIGHTLINE DRIVE  
STE #301  
LAKELAND FL 33811  
US

2. Principal Place of Business

32725 Echo Drive  
Suite, Apt. #, etc.

3. Mailing Address

32725 Echo Drive  
Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

4. FEI Number

59-3654969

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, ROBERT SR.  
3200 FLIGHTLINE DR, 301  
LAKELAND FL 33811

7. Name and Address of New Registered Agent

Name  
John S. Rice  
Street Address (P.O. Box Number is Not Acceptable)  
627 N Donnelly Street

City  
Mount Dora  
FL Zip Code  
32757

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 replacing)

DATE

06-13-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, ROBERT SR. 3200 FLIGHTLINE DR, #301 LAKELAND FL 33811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard W Bilton 41504 Babb Road Umatilla, FL 32784	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Rice

5-1-01

(352) 383-6300

FILED  
Jun 21, 2001 8:00 am  
Secretary of State

05-15-2001 90121 030 \*\*\*150.00  
06-21-2001 90003 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)