

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90078 024 ***150.00

DOCUMENT # P96000063835

1. Entity Name
REGIONAL AIR CHARTERS, INC.

Principal Place of Business
1585-603 AVIATION CENTER PKWY
DAYTONA BEACH FL 32114

Mailing Address
1585-603 AVIATION CENTER PKWY
DAYTONA BEACH FL 32114

2. Principal Place of Business
1624 AVIATION CENTER PKWY.

3. Mailing Address
1624 AVIATION CENTER PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAYTONA BEACH, FL

City & State
DAYTONA BEACH, FL

4. FEI Number **59-3575523**

Applied For
Not Applicable

Zip
32114

Country
USA

Zip
32114

Country
USA

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

LAVIGNA, MICHELE S.
1585 AVIATION CNTR. PKWY.
#603
DAYTONA BEACH FL 32114

Name
LAVIGNA, MICHELE S.

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

1624 AVIATION CENTER PARKWAY

City **DAYTONA BEACH** **FL** **Zip Code** **32114**

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 **MICHELE S. LAVIGNA, PRESIDENT** *Michele S. Lavigna* **2/27/02**
Signature, typed or printed name of registered agent and date 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete LAVIGNA, MICHELE S 1585-603 AVIATION CNTR. PKWY. DAYTONA BEACH FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST MICHELE S. LAVIGNA 801 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete ST HUGHES, REID B JR 422 OLD TRAIL RD. DAYTONA BEACH FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P MICHELE S. LAVIGNA 801 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Michele S. Lavigna* **MICHELE S. LAVIGNA** **2/27/02** **386-248-2485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)