

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0623394 AB

DOCUMENT # P97000017407

1. Entity Name

AIRPORT AMERICA U.S.A., INC.

03-06-2002 90079 041 ***150.00

Principal Place of Business

**3727 OLD FOREST RD
 STE A
 LYNCHBURG VA 24551
 US**

Mailing Address

**3727 OLD FOREST RD
 STE A
 LYNCHBURG VA 24551
 US**

2. Principal Place of Business

15421 FOREST ROAD

Suite, Apt. #, etc.

SUITE D

City & State

FOREST, VA.

Zip

24551

Country

U.S.

3. Mailing Address

15421 FOREST ROAD

Suite, Apt. #, etc.

SUITE D

City & State

FOREST, VA.

Zip

24551

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0756153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, ROGER L
 CARPENTER & BROWN
 701 E. COMMERCIAL BLVD -STE 100
 FORT LAUDERDALE FL 33334**

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.

SIGNATURE

Signature typed or printed name of registered agent and title 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 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BONA, JOHN R
 1527 ROCKY BRANCH DR
 FOREST VA 24551** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition

TITLE
 NAME ☐ Change ☐ Addition

TITLE
 NAME ☐ Change ☐ Addition

TITLE
 NAME ☐ Change ☐ Addition

TITLE
 NAME ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02
 Date

**(434)
 534-6800**
 Daytime Phone #

CR2E034 (9/01)