

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103782

1. Entity Name

AIR 1, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90090 008 \*\*\*150.00

Principal Place of Business

Mailing Address

178 ALT HWY 19 SOUTH  
 PALM HARBOR FL 34683

178 ALT HWY 19 SOUTH  
 PALM HARBOR FL 34683

2. Principal Place of Business

12395 Belcher Road

3. Mailing Address

12395 Belcher Road

Suite, Apt. #, etc.

Suite 340

Suite, Apt. #, etc.

Suite 340

City & State

Largo, FL

City & State

Largo, FL

Zip

33773

Country

US

Zip

33773

Country

US

4. FEI Number

59-3482035

Applied For

Not Applicable

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

HOOVER, ROGER A  
 178 ALT HWY 19 SOUTH  
 PALM HARBOR FL 34683

Name

Hoover, Roger A.

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

12395 Belcher Road - Suite 340

City

Largo

FL

Zip Code

33773

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOOVER, ROGER A	
STREET ADDRESS	178 ALT HWY 19 SOUTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOVER, GREGORY A	
STREET ADDRESS	178 ALT HWY 19 SOUTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoover, Roger A.	
STREET ADDRESS	12395 Belcher Road - Suite 340	
CITY-ST-ZIP	Largo, FL 33773	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoover, Gregory A.	
STREET ADDRESS	12395 Belcher Road - Suite 340	
CITY-ST-ZIP	Largo, FL 33773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER A. HOOVER

2/15/2000

Date

727-771-7400

Daytime Phone #

CR20034 19/99