

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026342

1. Entity Name **BY AIR TRANSPORT, INC.**

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

03-06-2000 90079 005 ***150.00

Principal Place of Business 930 S. HARBOR CITY BLVD., SUITE 505 FL 32901	Mailing Address 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE FL 32901-1967
2. Principal Place of Business 1948 Dairy Rd.	3. Mailing Address 1948 Dairy Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State W. Melbourne, FL	City & State W. Melbourne, FL	4. FEI Number 59-3563609	Applied For <input type="checkbox"/> Not Applicable
Zip 32904	Country US	Zip 32904	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRESE, GARY B 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE FL 32901	7. Name and Address of New Registered Agent Name Larry Allgood Street Address (P.O. Box Number is Not Acceptable) 1948 Dairy Rd. City W. Melbourne FL Zip Code 32904
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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 **Larry Allgood** **Larry Allgood Pres.** **3-1-00**
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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR	<input checked="" type="checkbox"/> Delete	TITLE P, VP, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRESE, GARY B		NAME Larry Allgood	
STREET ADDRESS 930 S. HARBOR CITY BLVD., SUITE 505		STREET ADDRESS 1948 Dairy Rd.	
CITY-ST-ZIP MELBOURNE FL 32901		CITY-ST-ZIP W. Melbourne FL 32904	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Larry Allgood** **Larry Allgood Pres** **3-1-00** **321-728-7775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)