

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-06-2000 90079 005 ***150.00

DOCUMENT # P99000026342

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

Principal Place of Business: **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.**

City & State: **W. Melbourne, FL** Zip: **32904** Country: **US**
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4. FEI Number: **59-3563609** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$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**

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]* **Larry Allgood Pres.** DATE: **3-1-00**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRESE, GARY B	
STREET ADDRESS	930 S. HARBOR CITY BLVD., SUITE 505	
CITY-ST-ZIP	MELBOURNE FL 32901	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, VP, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Allgood	
STREET ADDRESS	1948 Dairy Rd.	
CITY-ST-ZIP	W. Melbourne FL 32904	
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 empowers.

SIGNATURE: *[Signature]* **Larry Allgood Pres** DATE: **3-1-00** DAYTIME PHONE #: **321-728-7775**

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE