

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026342

1. Entity Name

BY AIR TRANSPORT, INC.

Principal Place of Business

1918 DAIRY RD.
W. MELBOURNE FL 32904

Mailing Address

1918 DAIRY RD.
W. MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

ALLGOOD, LARRY
1948 DAIRY RD
W. MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name Allgood, Larry
Street Address (P.O. Box Number is Not Acceptable)
1385 Hwy A1A #202
~~1918 Dairy Rd~~
City ~~W. Melbourne~~ Satellite Beach FL Zip Code ~~32904~~ 32937

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, 2001 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 PVST
NAME ALLGOOD, LARRY
STREET ADDRESS 1948 DAIRY RD
CITY-ST-ZIP MELBOURNE FL 32904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME Allgood, Larry ☒ Change ☐ Addition
STREET ADDRESS ~~1918 Dairy Rd.~~ 1385 Hwy A1A #202
CITY-ST-ZIP ~~W. Melbourne, FL~~ 32904 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-01 321-728-7975
x104

CR2E034 (10/00)

0484463

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90083 038 ***150.00

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DO NOT WRITE IN THIS SPACE