

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000061915

1. Entity Name
HASTY AIR FREIGHT, INC.

Principal Place of Business 14008 MIDDLETON WAY TAMPA FL 33624	Mailing Address 14008 MIDDLETON WAY TAMPA FL 33624
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 22001 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State TAMPA FL	City & State TAMPA FL
Zip 33624	Country

4. FEI Number 59-3586683	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRAYNE DENNIS
 14008 MIDDLETON WAY

 TAMPA FL 33624

7. Name and Address of New Registered Agent

Name
 FRAYNE LORI GD
 Street Address (P.O. Box Number is Not Acceptable)
 14008 MIDDLETON WAY

 City TAMPA FL Zip Code 33624

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 LORI G. C. FRAYNE 04/19/2001
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 D <input type="checkbox"/> Delete	NAME JACKSON MARY ANN
STREET ADDRESS 14008 MIDDLETON WAY	CITY-ST-ZIP TAMPA FL 33624
TITLE D <input type="checkbox"/> Delete	NAME JACKSON DAVID R
STREET ADDRESS 14008 MIDDLETON WAY	CITY-ST-ZIP TAMPA FL 33624
TITLE D <input type="checkbox"/> Delete	NAME FRAYNE LORI G.C.
STREET ADDRESS 14008 MIDDLETON WAY	CITY-ST-ZIP TAMPA FL 33624
TITLE D <input type="checkbox"/> Delete	NAME FRAYNE DENNIS
STREET ADDRESS 14008 MIDDLETON WAY	CITY-ST-ZIP TAMPA FL 33624
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 <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: Lori G. C. Frayne D 04/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)