

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90112 048 \*\*\*150.00

**DOCUMENT # P99000106368**

1. Entity Name  
**TFP AIR, INC.**

Principal Place of Business  
**2788 PACES FERRY ROAD S.  
 ORANGE PARK FL 32073**

Mailing Address  
**2788 PACES FERRY ROAD S.  
 ORANGE PARK FL 32073**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3612311**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRIBB, JAMES C  
 2788 PACES FERRY ROAD S.  
 ORANGE PARK FL 32073**

Name

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

City

**FL**

Zip Code

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **HOLLANDER, PAUL**  
 CITY-ST-ZIP **7894 BISSHOP LAKE ROAD N.  
 JACKSONVILLE FL 32256**

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

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **DAVIS, JAMES**  
 CITY-ST-ZIP **137 ABACO WAY  
 PONTE VEDRA BEACH FL 32082**

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

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **CRIBB, JAMES C**  
 CITY-ST-ZIP **2788 PACES FERRY ROAD S.  
 ORANGE PARK FL 32073**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **O'KEEFE, TIMOTHY M**  
 CITY-ST-ZIP **3520 BARQUENTINE ROAD  
 JACKSONVILLE FL 32216**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Timothy M. O'Keefe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/3/01**  
 Date

**904-764-8840**  
 Daytime Phone #

CR2E034 (5/01)

August 6, 2001

Doc #

999008106368  
BXDL02102

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302

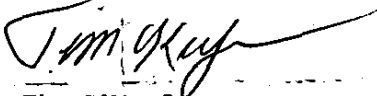
Dear Sirs,

I am forwarding the enclosed UBR filing with a check for \$150 and a request to waive the \$400 late filing penalty. It appears that the original form, which required filing before May 1st, was lost in the mail and not received by the registered agent at the address listed on the form.

As a newer corporation we were not readily aware that this first deadline had passed and only discovered our non-compliance when the late notice form was received and completed. I regret this late filing and ask your forgiveness of the late penalty due to the non-receipt of the original forms. In the future we will ensure that we track the required time and contact your office if the form is not received in time for the early filing.

Thank you for your consideration of this request.

Yours truly,



Tim O'Keefe  
Director