

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90025 013 ***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

Zip

Country

Zip

Country

4. FEI Number **59-3612311**

Applied For

Not Applicable

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

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P HOLLANDER, PAUL**
STREET ADDRESS **7894 BISHOP LAKE ROAD N.**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
NAME **BILL GALLAGHER**
STREET ADDRESS **13485 PRINCESS KELLY DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

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

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
NAME **KEL HUEHN**
STREET ADDRESS **1840 SELVA GRANDE DR**
CITY-ST-ZIP **ATLANTIL BEACH, FL 32223**

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

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

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

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

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

1/8/02 904-264-8840

CR2E034 (9/01)