

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S09411

1. Entity Name

FLY-AWAY CHARTER, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90043 005 ***150.00

Principal Place of Business

2001 STEAMBOAT RIDGE CT.
DAYTONA BEACH FL 32124

Mailing Address

1648 TAYLOR RD.
#233
DAYTONA BEACH FL 32124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3034234

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HICKOX, EDWIN WILLIAM
137 GRACE ST.
DELAND FL 32724

Name

HICKOX, EDWIN WILLIAM

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

2001 STEAMBOAT RIDGE CT.

City

DAYTONA BEACH

FL

Zip Code

32124

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME HICKOX, EDWIN WILLIAM
STREET ADDRESS 16418 TAYLOR RD., #233
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE P ☒ Change ☐ Addition
NAME HICKOX, EDWIN WILLIAM
STREET ADDRESS 1648 TAYLOR RD., #233
CITY-ST-ZIP DAYTONA BEACH, FL 32124

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
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-00

904-88-9111

CR2E034 (9/99)