

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 712388

FILED
Jan 21, 2003
Secretary of State

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, INC., MANASOTA CHAPTER 180

Current Principal Place of Business:

463 PICASSO DRIVE
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

463 PICASSO DRIVE
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 59-2633611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOTHE, ANDREAS DAVID
463 PICASSO DRIVE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PIERSON, R. BLAISE
Address: 10008 SANDPIPER RD
City-St-Zip: BRADENTON, FL 34209

Title: V () Delete
Name: PAUL CARSON,
Address: 5800 N. LOCKWOOD RIDGE RD.
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: KELLER, JOHN,
Address: 635 N. LIME AVE. #202
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: THOMSON, JOHNNY,
Address: 604 CAMELLIA AVE.
City-St-Zip: ELLENTON, FL

Title: T () Delete
Name: BOTHE, ANDREAS DAVID
Address: 463 PICASSO DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: S () Delete
Name: BOSTROM, ROLF
Address: 4904 HIDDEN OAKS TRAIL
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALTERS, STEVEN N PRES
Address: 6812 PINEHURST PLACE
City-St-Zip: BRADENTON, FL 34202 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREAS DAVID BOTHE

TREA

01/21/2003

Electronic Signature of Signing Officer or Director

Date