

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000005638**1. Entity Name
HELICOPTER ADVENTURES, INC.

Principal Place of Business 81 JOHN GLENN DRIVE CONCORD CA 94520	Mailing Address 81 JOHN GLENN DRIVE CONCORD CA 94520
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 365 GOLDEN KNIGHTS BLVD. Suite, Apt. #, etc.
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City & State City & State TITUSVILLE FL	4. FEI Number 68-0123083
Zip 32780	Country

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSCHOFIELD-CORR NANCY
1892 SYKES CREEK DRIVE

MERRITT ISLAND FL 32953 US**7. Name and Address of New Registered Agent**Name
SCHOFIELD-CORR NANCY
Street Address (P.O. Box Number is Not Acceptable)
365 GOLDEN KNIGHTS BLVD.

City
TITUSVILLE FL Zip Code
32780

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 _____ DATE **02/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV SCHOFIELD-CORR NANCY 1892 SYKES CREEK DRIVE MERRITT ISLAND FL 32953 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST CORR PATRICK 1892 SYKES CREEK DRIVE MERRITT ISLAND FL 32953 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Patrick Corr CPST 02/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)