

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000005638

FILED
Jan 08, 2003
Secretary of State

Entity Name: HELICOPTER ADVENTURES, INC.

Current Principal Place of Business:

365 GOLDEN KNIGHTS BLVD.
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

365 GOLDEN KNIGHTS BLVD.
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 68-0123083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOFIELD-CORR, NANCY
365 GOLDEN KNIGHTS BLVD.
TITUSVILLE, FL 32780 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: CORR, PATRICK
Address: 1892 SYKES CREEK DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VCV () Delete
Name: SCHOFIELD-CORR, NANCY
Address: 1892 SYKES CREEK DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK CORR

CPST

01/08/2003

Electronic Signature of Signing Officer or Director

Date