

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90136 009 ***150.00



DOCUMENT # F74790

1. Entity Name
EXECUTIVE AIR CENTER, INC.

Principal Place of Business
**237 N CRYSTAL LAKE DR
P.O. BOX 140875
ORLANDO FL 32814**

Mailing Address
**237 N CRYSTAL LAKE DR
P.O. BOX 140875
ORLANDO FL 32814**



2. Principal Place of Business
321 N Crystal Lk Dr
Suite, Apt. #, etc.

3. Mailing Address
P O Box 140875
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Orlando FL
Zip Country
32803 USA

City & State
Orlando FL
Zip Country
32814 USA

4. FEI Number **59-2196994**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUDLEY, DONALD N.
858 PINE MEADOW RD
ORLANDO FL 32825**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	HARMON, DAVID R	
STREET ADDRESS	14121 JOHN LAKE RD	
CITY-ST-ZIP	CLERMONT FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	AMBROSE, RAYMOND	
STREET ADDRESS	4079 CONWAY PLACE CIR.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUDLEY, DONALD N.	
STREET ADDRESS	858 PINE MEADOW RD.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/14/03** Daytime Phone # **407-896-2799**

CR2E034 (10/02)