

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90200 036 \*\*\*150.00

**DOCUMENT # H05099**

1. Entity Name

**RED BARON AVIATION, INC.**

Principal Place of Business

Mailing Address

6911 SHELSON RD.  
 SUITE B  
 TAMPA FL 33615  
 US

6911 SHELSON RD.  
 SUITE B  
 TAMPA FL 33615  
 US

2. Principal Place of Business

3. Mailing Address

**4023 W. WATERS AVE.**

**4023 W. WATERS AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 14**

**SUITE 14**

City & State

City & State

**TAMPA FL**

**TAMPA FL**

Zip

Country

Zip

Country

**33614 US**

**33614 US**

4. FEI Number

**59-2412959**

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 Agent

7. Name and Address of New Registered Agent

**GALLOPS, MYRLE B.**  
**4623 BAYCREST DR**  
**TAMPA FL 33615**

Name

**KIMMIE GALLOPS**

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

**8445 FLAGSTONE DR.**

City

**TAMPA**

FL

Zip Code

**33615**

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

*Kimmie Gallops*

**KIMMIE**

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	VD	<input type="checkbox"/> Delete
NAME	<b>GALLOPS, KIMMIE C.</b>	
STREET ADDRESS	<b>8445 FLAGSTONE DR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>GALLOPS, MYRLE B.</b>	
STREET ADDRESS	<b>4623 BAYCREST DR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kimmie Gallops* **KIMMIE GALLOPS** **4/10/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-888-7335**