

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K94536

1. Entity Name

HELICOPTER CHARTER & TRANSPORT, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90022 050 ***150.00

Principal Place of Business

Mailing Address

**9000 N 18TH ST
 TAMPA FL 33604-2004**

**8000 N 18TH ST
 TAMPA FL 33604
 US**

2. Principal Place of Business

3. Mailing Address

9000 N. 18th St.

9000 N. 18th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2969764

Applied For

Not Applicable

Zip

Country

Zip

Country

33604-2004

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

**AZZARELLI, MICHAEL A
 9000 N. 18TH STREET
 TAMPA FL 33604-2004**

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.

SIGNATURE

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	PD	<input type="checkbox"/> Delete
NAME	AZZARELLI, MICHAEL A	
STREET ADDRESS	9000 N. 18TH STREET	
CITY-ST-ZIP	TAMPA FL 33604-2004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

(Handwritten Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL A. AZZARELLI, PRESIDENT

1/10/00

(813) 933-2686

Date

Daytime Phone #

CR2E034 (9/99)