

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90021 019 \*\*\*\*50.00

0022836

**DOCUMENT # M00000000583**

1. Entity Name

**ONSITE AVIATION LLC**



Principal Place of Business

Mailing Address

7301 PARKWAY DR.  
HANOVER MD 21076

7301 PARKWAY DR.  
ATTN: ~~FRANK JAGODY~~ **R. SONES**  
HANOVER MD 21076

**00144311**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**40 R. Sones**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**7301 Parkway Dr.**

City & State

City & State

**Hanover, MD**

4. FEI Number **52-2210266**

Applied For

Not Applicable

Zip

Country

Zip

Country

**21076 Anne Arundel**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>THORNTON, THOMAS M</b>	
STREET ADDRESS	<b>7301 PARKWAY DR.</b>	
CITY-ST-ZIP	<b>HANOVER MD 21076</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>BUTZ, WILLIAM</b>	
STREET ADDRESS	<b>7301 PARKWAY DR.</b>	
CITY-ST-ZIP	<b>HANOVER MD 21076</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, SIMON</b>	
STREET ADDRESS	<b>7301 PARKWAY DR.</b>	
CITY-ST-ZIP	<b>HANOVER MD 21076</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *William Butz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7/14/03**  
Date Daytime Phone #

CR2E083 (4/03)