

FILED

Jun 25, 2002 8:00 am
Secretary of State

05-13-2002 90138 020 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000093779**

1. Entity Name
SECOND WIND AIRCRAFT, INC.

Principal Place of Business G/O WOLCOTT & ASSOCIATES, P.A. 1041 SOUTHEAST 17TH STREET MAILBOX 16 FT LAUDERDALE FL 33316-2124	Mailing Address G/O WOLCOTT & ASSOCIATES, P.A. 1041 SOUTHEAST 17TH STREET MAILBOX 16 FT LAUDERDALE FL 33316-2124
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2. Principal Place of Business % Global Sky Architects Suite, Apt. #, etc. 5601 NW 15th Avenue City & State 7th. Lauderdale FL Zip 33309 Country USA	3. Mailing Address % Global Sky Architects Suite, Apt. #, etc. 5601 NW 15th Avenue City & State 7th. Lauderdale, FL Zip 3309 Country USA
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DO NOT WRITE IN THIS SPACE
65-1140401 FEB I.D.

4. FBI Number 54-066795	STATE FL	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOLCOTT, JED R
1041 SOUTHEAST 17TH STREET, PENTHOUSE
FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name: **Arthur - Stevenson**
Street Address (P.O. Box Number is Not Acceptable):
5601 NW 15th Avenue
OFFICE A
City: **7th. Lauderdale** FL Zip Code: **33309**

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: DATE: **4/20/02**

(NOTE: Registered Agent signature required when replacing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Notes 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D JONES, JEFFREY L 1258 BENNINGTON WAY DANDRIDGE TN 37725	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 prepare 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 filers empowered.

SIGNATURE: DATE: **4/20/02** **865 368 3280**

OR2004 (9/01)