

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90125 038 \*\*\*150.00



**DOCUMENT # P02000016800**  
1. Entity Name  
**DEAN'S FLIGHT, INC.**

Principal Place of Business  
**17028 DOLPHIN DR  
N REDINGTON BEACH FL 33708**

Mailing Address  
**17028 DOLPHIN DR  
N REDINGTON BEACH FL 33708**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**10950 LUSCOMBE CT**

3. Mailing Address  
**10950 LUSCOMBE CT**

Suite, Apt. #, etc.

City & State  
**Newport Richley, FL**

City & State  
**NEWPORT RICHLEY FL**

FEL Number  
**45-0466143**

Applied For  
 Not Applicable

Zip  
**34654**

Country  
**USA**

Zip  
**34654**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HENSEL, JAMES D**  
**17028 DOLPHIN DR**  
**N REDINGTON BEACH FL 33708**

**J.**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**10950 LUSCOMBE COURT**

City **Newport Richley** **FL** Zip Code **34654**

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 **James D. Hensel, James D. Hensel** (NOTE: Registered Agent signature required when reinstating.) DATE **2/5/03**

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HENSEL, JAMES D</b> <b>17028 DOLPHIN DR</b> <b>N REDINGTON BEACH FL 33708</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HENSEL, ELIZABETH A</b> <b>17028 DOLPHIN DR</b> <b>N REDINGTON BEACH FL 33708</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10950 LUSCOMBE CT</b> <b>NEWPORT RICHLEY, FL 34654</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10950 LUSCOMBE CT</b> <b>NEWPORT RICHLEY, FL 34654</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>J. Dean HENSEL</b> <b>Director</b> <b>10950 LUSCOMBE CT</b> <b>NEWPORT RICHLEY, FL 34654</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Elizabeth Hensel** **2/4/03** **727-8445255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)