

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90004 021 \*\*\*158.75

**DOCUMENT # P95000015800**  
 1. Entity Name  
**TKM AVIATION, INC.**

Principal Place of Business      Mailing Address  
**3784 TAMPA ROAD      3784 TAMPA ROAD**  
**OLDSMAR FL 34677      OLDSMAR FL 34677**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-3306304**      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**  
**KENNETH BOLLENBACK**  
**3784 TAMPA RD**  
**OLDSMAR FL 34677**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCCARTHY, E. MICHAEL</b>	
STREET ADDRESS	<b>1011 WEATHERSFIELD DRIVE</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BOLLENBACK, KENNETH</b>	
STREET ADDRESS	<b>3784 TAMPA ROAD</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BOUCHARD, TIMOTHY A.</b>	
STREET ADDRESS	<b>101 STARCREST DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34618</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: *Kenneth Bollenback*      2-5-01      (813) 855-2656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)