

DOCUMENT # P96000004786

1. Entity Name

OTTENDORF AVIATION, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90047 031 ***150.00

Principal Place of Business

Mailing Address

~~110 PARK AVE.~~
 DAYTONA BEACH FL 32118
 US

P.O. BOX 1231
 DAYTONA BEACH FL 32115-1231
 US

3047 S. ATLANTIC AVE.

2. Principal Place of Business

3. Mailing Address

#1806

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DAYTONA BEACH SHORES

City & State

City & State

FL 32118 USA

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3369324

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORAN, THEODORE R
444-SEABREEZE BLVD STE 800
DAYTONA BEACH FL 32118

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 | DVP | <input type="checkbox"/> Delete |
| NAME | OTTENDORF, GEORGE H. | |
| STREET ADDRESS | 110 PARK AVE. | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | OTTENDORF, ROBERT E. | |
| STREET ADDRESS | 110 PARK AVE. | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | OTTENDORF, JOHN B. | |
| STREET ADDRESS | 110 PARK AVE. | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | OTTENDORF, NANCY | |
| STREET ADDRESS | 110 PARK AVE. | |
| CITY-ST-ZIP | DAYTONA BCH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | <i>3047 S. ATLANTIC AVE. #1806</i> | |
| CITY-ST-ZIP | <i>DAYTONA BE. SHORES, FL. 32118</i> | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | <i>16929 SOLANA LANE</i> | |
| CITY-ST-ZIP | <i>CANYON COUNTRY, CA 91351</i> | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | <i>2203 Red Fox Rd.</i> | |
| CITY-ST-ZIP | <i>AUSTIN, TX 78734</i> | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | <i>3047 S. ATLANTIC AVE. #1806</i> | |
| CITY-ST-ZIP | <i>DAYTONA BEACH SHORES, FL. 32118</i> | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

818-728-6779

Daytime Phone #