

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90055 011 \*\*\*150.00

**DOCUMENT # P97000073961**

1. Entity Name  
**HAWK AVIATION APU SERVICES, INC.**

Principal Place of Business <del>PINE AVE., STE. F</del> <del>ORLANDO FL 32824</del>	Mailing Address <del>1333 PINE AVE., STE. F</del> <del>ORLANDO FL 32824-7841</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3025 BOGGY CREEK RD</b> Suite, Apt. #, etc. <b>UNIT 2</b> City & State <b>ORLANDO</b> Zip <b>FL</b>	3. Mailing Address <b>9025 BOGGY CRK. RD.</b> Suite, Apt. #, etc. <b>UNIT # 2</b> City & State <b>ORLANDO FLORIDA</b> Zip <b>32824</b> Country <b>USA</b>
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4. FEI Number <b>59-3464931</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>LEE, KENNETH</b> <b>6036 FOUNTAIN PALM DR.</b> <b>JUPITER FL 33458</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6036 FOUNTAIN PALM DR		STREET ADDRESS	
CITY-ST-ZIP JUPITER FL 33458		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8409 GRANADA BLVD		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32836		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 reports 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: BRENDA THOMAS Date: 04/01/00 Daytime Phone #: 407-812-4545

CR2E034 (9/99)