

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90080 018 ***150.00

DOCUMENT # P99000062084
 1. Entity Name
HELISIGHT INTERNATIONAL PARTS & SERVICES CO.

Principal Place of Business
7345 SAND LAKE RD.,STE.206
ORLANDO FL 32819

Mailing Address
7345 SAND LAKE RD.,STE.206
ORLANDO FL 32819



2. Principal Place of Business
7041 GRAND NATIONAL DR

3. Mailing Address
7041 GRAND NATL. DR.

Suite, Apt. #, etc.
128 J

Suite, Apt. #, etc.
128 J

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number **65-0723715** Applied For Not Applicable

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

Zip **32819** Country
 Zip **32819** Country

6. Name and Address of Current Registered Agent
TORO, RUBEN D
7345 SAND LAKE RD.,STE.206
ORLANDO FL 32819

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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
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 NAME STREET ADDRESS CITY-ST-ZIP	PDST PREZOTTO, MARIA S 6232 RALEIGH STREET ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PREZOTTO, MARIA S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5124 PARK CENTRAL DR. APT 823 ORLANDO FL. 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRIETO, RENATO 6530 METROWEST BLVD #621 ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KRETCHETOFF, STEIA V. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5124 PARK CENTRAL DR. APT. 523 ORLANDO FL 32839
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
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

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

Date **04/23/02** (407) 345-2960
 Daytime Phone #

CR2E034 (9/01)