

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002771

1. Entity Name

AVIATION CAREER ACADEMY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90010 015 ***150.00

Principal Place of Business Mailing Address
3131 FLIGHTLINE DR 3131 FLIGHTLINE DR
LAKELAND FL 33811 LAKELAND FL 33811-2843
US US

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 22-2196131

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

HENDRY, HARRY O
SOCIETY FIRST FEDERAL TOWERS, SUITE 502
2201 SECOND STREET
FT. MYERS FL 33902

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 PD ☐ Delete
NAME TREPPER, FRED
STREET ADDRESS 3131 FLIGHTLINE DR
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CSM ☐ Delete
NAME AITKENHEAD, WM. N
STREET ADDRESS 3131 FLIGHTLINE DR
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ *
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ *
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

Date

Daytime Phone #

863
3 JAN 00 6482004
WM. N. AITKENHEAD