

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90003 029 ***150.00

670723



DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000002771			
1. Entity Name AVIATION CAREER ACADEMY, INC.			
Principal Place of Business 3131 FLIGHTLINE DR LAKELAND FL 33811 US		Mailing Address 3131 FLIGHTLINE DR LAKELAND FL 33811 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 22-2196131		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, HARRY O SOCIETY FIRST FEDERAL TOWERS, SUITE 502 2201 SECOND STREET FT. MYERS FL 33902		7. Name and Address of New Registered Agent Name Wm. N. Aitkenhead Street Address (P.O. Box Number is Not Acceptable) 3131 Flightline Drive City Lakeland FL Zip Code 33811	
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		Wm. N. Aitkenhead 01/03/01 DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/>		\$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	PD TREPPER, FRED 3131 FLIGHTLINE DR LAKELAND FL <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	CSM AITKENHEAD, WM. N 3131 FLIGHTLINE DR LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Wm. N. Aitkenhead 01/03/01 863-648-2004 Date Daytime Phone #	

CR2E034 (10/00)