

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000039071

Entity Name: AVIATION OPTIONS, INC.**Current Principal Place of Business:**529 LUNA BELLA LANE
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**529 LUNA BELLA LANE
NEW SMYRNA BEACH, FL 32168 US**FEI Number:** 85-1366972**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SEALE, DAVID W JR.
529 LUNA BELLA LANE
NEW SMYRNA BEACH, FL 32168 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SEALE, DAVID W JR.
Address	529 LUNA BELLA LANE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	DOM
Name	SEALE, DAVID W JR.
Address	529 LUNA BELLA LANE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	ACCT
Name	AVIATION OPTIONS, INC.
Address	529 LUNA BELLA LANE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	M
Name	AVIATION OPTIONS, INC.
Address	529 LUNA BELLA LANE
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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SEALE , DAVID , W , JR.**PRESIDENT****04/24/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date