

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 175937

1. Entity Name

SOWELL AVIATION COMPANY, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90084 003 ***150.00

Principal Place of Business

Mailing Address

3469 AIRPORT DR.
P.O. BOX 1490
PANAMA CITY FL 32402

3469 AIRPORT DR.
P.O. BOX 1490
PANAMA CITY FLA 32402-1490

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0707329

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SOWELL, J. DONALD
3045 W. 30TH COURT
PANAMA CITY FL 32405

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 ☐ Delete
NAME D
STREET ADDRESS DIANNE S. PRESTON
CITY-ST-ZIP 5 ADAMS PARK CT
COLUMBUS GA

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

TITLE ☐ Delete
NAME DVS
STREET ADDRESS SOWELL, DEBORAH K.
CITY-ST-ZIP 437 MACARTHUR AVE.
PANAMA CITY, FL 00000

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

TITLE ☐ Delete
NAME DPT
STREET ADDRESS SOWELL, J. DONALD
CITY-ST-ZIP 3045 W. 30TH CT.
PANAMA CITY, FL 00000

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

TITLE ☐ Delete
NAME DVST
STREET ADDRESS SOWELL, NADINE M.
CITY-ST-ZIP 501 CHERRY ST.
PANAMA CITY, FL 00000

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

TITLE ☐ Delete
NAME VTS
STREET ADDRESS THOMAS, WELDON B.
CITY-ST-ZIP 7907 PLUM CIRCLE
PANAMA CITY BCH. FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS HENSEL, RONALD A.
CITY-ST-ZIP 1257 CAPRI DRIVE
PANAMA CITY FL

TITLE ☐ Change ☐ Addition
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:

WELDON B. THOMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-00

850/785-4325
Daytime Phone #

CR2E034 (9/99)