

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 8:00 am**
Secretary of State

04-05-2001 90432 007 ***150.00

DOCUMENT # 175937

1. Entity Name

SOWELL AVIATION COMPANY, INC.

Principal Place of Business

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

Mailing Address

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

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 **59-0707329**

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

**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**
Tax filing requirement and elects to do so
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DIANNE S. PRESTON	5 ADAMS PARK CT	COLUMBUS GA							
	DVS			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SOWELL, DEBORAH K.	437 MACARTHUR AVE.	PANAMA CITY, FL 00000							
	DPT			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SOWELL, J. DONALD	3045 W. 30TH CT.	PANAMA CITY, FL 00000							
	DVST			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SOWELL, NADINE M.	501 CHERRY ST.	PANAMA CITY, FL 00000							
	VTS			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	THOMAS, WELDON B.	7907 PLUM CIRCLE	PANAMA CITY BCH. FL							
	V			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	HENSEL, RONALD A.	1257 CAPRI DRIVE	PANAMA CITY FL							

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 #

CR2E034 (10/00)