## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## 175937 DOCUMENT #

1. Entity Name

Principal Place of Business

SOWELL AVIATION COMPANY, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

4-2003 90228 017 \*\*\*150.00

04-2-

Principal Plac 3469 AIRPOR P.O. BOX 149 PANAMA CIT	0	Mailing Address 3469 AIRPORT DR. P.O. BOX 1490 PANAMA CITY FL 32402			
2. Principal F	Place of Business	3. Mailing Address		T I DOUGH I JOSH LOSSAS OLIVO LONGO, ISAN TODA OLIVO TO	8 8   6 8   0 8   6 8   8 9    04
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
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
	6Name and Address of Curren	Registered Agent		7. Name and Address of New Registered	Agent
		•	Name		
SOWELL, J. DONALD 3045 W. 30TH COURT		' Street Addres		ss (P.O. Box Number is Not Acceptable)	
	CITY FL 32405				
			City	F	Zip Code
	named entity submits this statement fillions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I an	n familiar with, and accept
SIGNATURE .	Signature, typed or printed harne of registered agen	AVATE		uired when reinstating) DATE	
·		and the irapplicable. (NOTE	Registered Agent signature requ	ured when reinstating)	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department c	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11
TITLE	D	Delete	TITLE	ABBITIONS/OFFANGES TO OFF REERIS AN	☐ Change ☐ Addition
NAME	DIANNE S. PRESTON	L. D01010	NAME		
STREET ADDRESS	5 ADAMS PARK CT		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA		CITY-ST-ZIP		
TITLE	DVS . ·	☐ Delete	TITLE		Observa Constitution
NAME	SOWELL, DEBORAH K.				☐ Change ☐ Addition
STREET ADDRESS	497 MACADTURD AVE		NAME		Change Addition
ÇITY-ST-ZIP	437 MACARTHUR AVE.		STREET ADDRESS		Change Addition
	PANAMA CITY, FL 00000		STREET ADDRESS CITY-ST-ZIP		Change Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

CR2E034 (10/02)