2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

473781 **DOCUMENT #**

1. Entity Name

STORY AVIATION, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90163 017 ***150.00

of Business ORT 33826	MUNIC P. O. E AVON US										
ice of business	J. Wall	ing Address					·				
Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES					
City & State					4.	4. FEI Number 59-1594600			Applied For Not Applicable		
Zip Country Zip			Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Cu	rrent Registere	d Agent			7. 1	Name and Address of New Reg	jistered Ag	jent	-		
STORY, LYLES W.						Name Street Address (P.O. Box Number is Not Acceptable)					
OF FL 33843											
				City			FL	Zip Coo	de		
named entity submits this statem	ent for the purp	ose of changing its	s registere	ed office or regis	stered ag	ent, or both, in the State of Florid	da. I am fa	miliar with,	and accept		
ons of registered agent.											
signature, typed or printed name of registered	d agent and title if app	licable. (NO	TE: Registere	d Agent signature requ	uired when re	einstating)	DATE				
May 1, 2003 Fee will be \$550	0.00		·			Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be d to Fees		
	~	RS	11.		AC	L DITIONS/CHANGES TO OFFIC	ERS AND (DIRECTOR	RS IN 11		
TD STORY, LYLES WILLIAM 7 WEST E ST		☐ Delete	NAM STRE	É ET ADDRESS					☐ Addition		
SD STORY, MARY ELIZABETH 17 WEST E ST		NAM: STR		E ET ADDRESS			,	Change	Addition		
	·	□ Delete - ·	NAM STRE	E ET ADDRESS		= .		Change	Addition		
·		□ Delete	NAM STRE	E ET ADDRESS				☐ Change	Addition		
		☐ Delete	NAM STRE	E ET ADDRESS				Change	Addition		
13.		☐ Delete	NAM STRE CITY	E ET ADDRESS - ST-ZIP					Addition		
	Country 6. Name and Address of Cu ES W. ST OF FL 33843 Immed entity submits this statement of registered agent. Ignature, typed or printed name of registered. IE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$55 Payable to Florida Department of Topic Story, LYLES WILLIAM 7 WEST E ST ROSTPROOF FL 33843 SD ITORY, MARY ELIZABETH 7 WEST E ST ROSTPROOF FL 33843	ORT MUNIC P. O. E 33826 AVON US ce of Business 3. Mail , etc. Suite Country Zip 6. Name and Address of Current Registere ES W. ST OF FL 33843 Tamed entity submits this statement for the purp ns of registered agent. Ignature, typed or printed name of registered agent and title if app IE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTO TO STORY, LYLES WILLIAM 7 WEST E ST ROSTPROOF FL 33843 SD ITORY, MARY ELIZABETH 7 WEST E ST ROSTPROOF FL 33843	ORT P. O. BOX 57 AVON PARK FL 33826 US Ge of Business 3. Mailing Address Let Country Zip G. Name and Address of Current Registered Agent ES W. ST OF FL 33843 Tamed entity submits this statement for the purpose of changing its ins of registered agent. Appendix or printed name of registered agent and title if applicable. Applicable Country Payable to Florida Department of State OFFICERS AND DIRECTORS TD TORY, LYLES WILLIAM 7 WEST E ST ROSTPROOF FL 33843 SD Delete Delete Delete Delete	ORT MUNICIPAL AIRPORT P. O. BOX 57 33826 AVON PARK FL 33826 US Ge of Business	ORT MUNICIPAL AIRPORT P. O. BOX 57 AVON PARK FL 33826 US GE Of Business 3. Mailing Address GE OF Business 4. Mailing Address GE OF Business 5. Mailing Address GE OF Business 6. Suite, Apt. #, etc. City & State	MUNICIPAL JAPPORT P. O. BOX 57 AVON PARK FL 33826 US Ce of Business 3. Mailing Address City & State Country Country Zip Country 5. Country 5. Country Country Country Country Country Country 5. Country 6. Name and Address of Current Registered Agent Name ES W. Street Address of Current Registered Agent City City Street Address (P.O. B) City City	MUNICIPAL AIRPORT P, O, BOX 57 38826 AVON PARK FL 33826 US Go of Business 3. Mailing Address 4. FEI Number 59-1594600 Country Zip Country Zip Country S. Cortificate of Status Desired 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ST FL 33843 City The State of Photocountry or private rane of registered agent and die if applicable. (NOTE Registered Agent significant required whom installing) EN OWILI FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OH-ICERS AND DIRECTORS TO TOTAL (YLES WILLIAM 7 TWEST E ST ROSTPROOF FL 33843 STORY, MARY ELIZABETH 7 WEST E ST ROSTPROOF FL 33843 Delete Delete TITLE MAKE SITEST ADDRESS CITY-ST-2P DELETE ADDRESS CITY-ST-2P TITLE MAKE SITY-ST-2P TITLE MAKE SITY-ST-2P	Deter No. Box 57 AVON PARK FL 33826 US Co of Business 3. Melling Address	DRY NUMCEAL ARRORT P. O. BOX \$72 AVON PARK FL 33826 US GR of Business		

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:

SIGNATURE REQUIRED

(863) 453-5171