

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006481 AT

DOCUMENT # A98000001319

1. Entity Name
WILLIAM VICTOR AVIATION, LTD.



FILED
03 MAR 18 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
855-601 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32225

Mailing Address
855-601 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32225



2. Principal Place of Business
855-44 ST. Johns Bluff
Suite, Apt. #, etc.

3. Mailing Address
855-44 ST. Johns Bluff Rd.
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
JAX / FLA
Zip
32225

City & State
JAX
Zip
32225

4. FEI Number 59-3512828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JERRY W
855-601 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	F98000002966
NAME	BULL GATOR, INC.
STREET ADDRESS	201 NORHT PINE STREET
CITY-ST-ZIP	SEABOARD DE 19973
DOCUMENT #	F98000002967
NAME	DOWNUNDER (1995) COMPANY, INC.
STREET ADDRESS	32 W. LOCKERMAN STREET
CITY-ST-ZIP	DOVER DE 19904
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	500013138375 03/18/03 01006 007 **385.00
STREET ADDRESS	
CITY-ST-ZIP	500013138375 02/26/03 01045 004 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	52025
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature] Bull Gator Inc. 2/25/03
Date Daytime Phone

STAPLE CHECK HERE

CR2E003 (10/02)