2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

955 SINGLETON DRIVE

DELAND FL 32720

F00000004599

Mailing Address

DELAND FL 32720

955 SINGLETON DRIVE

1. Entity Name

DELAND AVIATION INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90037 007 ***150.00

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2. Principal Place of Business			3. Mailing Address			- - 1881)00 1111 00111 01111 01111 60111 00111 00111 01111 01111 01111 01111 01111 01111 01111 01111 01111 0111				
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 51-0401729	·	pplied For ot Applicable		
Zip	Country	Zip		Country		5. Certificate of Status Desired	□ \$8.75 Ad Fee Require			
	6. Name and Addres	s of Current Registe	red Agent			7. Name and Address of New R	egistered Agent			
IDALIA BARERT					Name					
ADAMO, ROBERT 955 SINGLETON DR					Street Address (P.O. Box Number is Not Acceptable)					
		- '			سي المراسية المعرب إلى الأسال والمقتصفين والرياسية المراج والمعاشفة والمراج والمتارسين والمراج المراج المراج المراج					
DELAND F	FL 32/24									
					City FL Zip Code					
8. The above	named entity submits this	statement for the our	pose of changing its	registered offic	ce or register	ed agent, or both, in the State of Flo		and accept		
	ions of registered agent.	otatomont for the pur	pood or origing to	ogistores sint	oo or register	od agont, or boar, in the otate of the	area. Farriarina with	and accept		
CICALATURE	•									
SIGNATURE .	Signature, typed or printed name of	f registered agent and title if ap	oplicable. (NOTE:	: Registered Agent	signature required	when reinstating)	DATE			
F	ILE NOW!!! FEE IS S							***		
After May 1, 2003 Fee will be \$550.00						9. Election Campaign Fin	ancing \$5.0	0 May Be		
Make Check Payable to Florida Department of S						Trust Fund Contribution	n. L) Adde	d to Fees		
10.		FICERS AND DIRECT	ORS	11.	•	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11		
TITLE	P .		☐ Delete	TITLE			☐ Change	☐ Addition		
NAME	ADAMO, ROBERT			NAME						
STREET ADDRESS CITY-ST-ZIP	955 SINGLETON DR DELAND FL 32724			STREET ADDR	ESS					
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TITLE NAME	PATCH, ANTON	- CARUR, in	☐ Delete	TITLE NAME	DT	NOW WATER	Change	☐ Addition		
STREET ADDRESS	955 SINGLETON DR	560		STREET ADDR	ESS P//	ACH, ANTON	-			
CITY-ST-ZIP	DELAND FL 32724			CITY-ST-ZIP						
TITLE			☐ Delete	TITLE			☐ Change	Addition		
NAME				NAME				_		
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CITY-ST-ZIP				CITY-ST-ZIP				:		
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CITY-ST-ZIP				CITY-ST-ZIP	-50					
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NAME			20000	NAME	.	_				
STREET ADDRESS			•	STREET ADDRE	ESS					
CITY-ST-ZIP				CITY-ST-ZIP						
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CITY-ST-ZIP				STREET ADDRE	199			İ		
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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: