

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000006417**1. Entity Name
BRITANNIA AVIATION SERVICES, INC.

Principal Place of Business

4620 ALABAMA AVE.

LYNCHBURG
24502

VA

Mailing Address

1581 HEATHMUIR DR.

SURFSIDE BEACH
29575

SC

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

54-1995644

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTEN PAUL
120 WEST AIRPORT AVE.VENICE
34285 US

FL

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.

SIGNATURE _____ **09/12/2001**

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****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	SOWERS KERRI	
STREET ADDRESS	4620 ALABAMA AVE.	
CITY-ST-ZIP	LYNCHBURG VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTEN PAUL	
STREET ADDRESS	1584 HEATHMUIR DR.	
CITY-ST-ZIP	SURFSIDE BEACH SC	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTEN KELLI	
STREET ADDRESS	1584 HEATHMUIR DR.	
CITY-ST-ZIP	SURFSIDE BEACH SC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTEN PAUL J	
STREET ADDRESS	1581 HEATHMUIR DRIVE	
CITY-ST-ZIP	SURFSIDE BEACH SC 29575	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY PHILIP J	
STREET ADDRESS	5580 SHIPS CHANNEL CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTEN PAUL J	
STREET ADDRESS	1584 HEATHMUIR DR.	
CITY-ST-ZIP	SURFSIDE BEACH SC 29575	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTEN KELLI	
STREET ADDRESS	1584 HEATHMUIR DR.	
CITY-ST-ZIP	SURFSIDE BEACH SC 29575	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Paul-J Marten

V.P

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)