

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90245 040 ***150.00

DOCUMENT # F02000000988	
1. Entity Name OD Aviation, Inc. ✓	

DO NOT WRITE IN THIS SPACE

90123660

2. Principal Place of Business 2200 Old Germantown Rd. Suite, Apt. #, etc.	3. Mailing Address 2200 Old Germantown Rd. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Delray Beach, FL Zip 33445	Country USA	City & State Delray Beach, FL Zip 33445	Country USA	4. FEI Number 65-0898123	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee, FL Zip Code
32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(See attached list)	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

(561) 438-4800

Daytime Phone #

Officer/Director

Attachment

901231660

F020000000988

Name & Address	Title
FANNIN, DAVID 2200 OLD GERMANTOWN ROAD DELRAY BEACH FL 33445	PCD
CROSSON, JAY 2200 OLD GERMANTOWN ROAD DELRAY BEACH FL 33445	VD
DAN, BRIAN 2200 OLD GERMANTOWN ROAD DELRAY BEACH FL 33445	SD
AIKEN, JEFFREY H 2200 OLD GERMANTOWN ROAD DELRAY BEACH FL 33445	D