

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91030 005 \*\*\*150.00

<b>DOCUMENT #</b> <i>F-02000002827</i>	
1. Entity Name D&T AVIATION INC	

**DO NOT WRITE IN THIS SPACE**

**30050846**

2. Principal Place of Business		3. Mailing Address 4223 SNOWBERRY LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State NAPLES, FLORIDA	
Zip	Country	Zip	Country
		34119	

**DO NOT WRITE IN THIS SPACE**

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number 34-1743347		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name DAVID G. WHALLEY Street Address (P.O. Box Number is Not Acceptable) 4223 SNOWBERRY LANE City NAPLES FL Zip Code 34119		

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	PRESIDENT DAVID G. WHALLEY 4223 SNOWBERRY LANE NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER DAVID G. WHALLEY 4223 SNOWBERRY LANE NAPLES, FL 34119	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

Date

Daytime Phone #