

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F81983

1. Entity Name

WALT'S AVIATION SERVICE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90116 046 ***150.00

Principal Place of Business

Mailing Address

% WALTER J. DANKO
 4920 SW 64 TERR.
 FORT LAUDERDALE FL 33331
 US

% WALTER J. DANKO
 4920 SW 64 TERR.
 FORT LAUDERDALE FL 33314-5203
 US

2. Principal Place of Business

3. Mailing Address

2685 N.W. 56 STREET

Suite, Apt. #, etc.

HANGAR 52 C

City & State

FT. LAUDERDALE, FL.

Zip

33309

Country

BROWARD

City & State

DANKO, WALTER J
 4920 S.W. 164TH TERRACE
 FORT LAUDERDALE FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-2191575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete
 NAME DANKO, E ANNE
 STREET ADDRESS 4920 SW 164 TERRACE
 CITY-ST-ZIP FORT LAUDERDALE FL 33331

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Delete
 NAME DANKO, WALTER J
 STREET ADDRESS 4920 SW 164 TERR
 CITY-ST-ZIP FORT LAUDERDALE FL 33331

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

E. ANNE DANKO

04/24/00

954-492-0367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)