

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F93000002935**1. Entity Name
HI-LIFT HELICOPTERS INT'L LTD., INC.

Principal Place of Business

51 N. HOAGLAND BLVD.

KISSIMMEE
34741

FL

Mailing Address

51 N. HOAGLAND BLVD.

KISSIMMEE
34741

FL

2. Principal Place of Business

3008 PATRICK STREET

3. Mailing Address

3008 PATRICK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE

FL

City & State

KISSIMMEE

FL

4. FEI Number

38-1887702

Applied For

Not Applicable

Zip
34741Country
USZip
34741Country
US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

STUTESMAN BURNELL O
51 N. HOAGLAND BLVD.KISSIMMEE FL
34741 US

7. Name and Address of New Registered Agent

Name

STUTESMAN BURNELL O

Street Address (P.O. Box Number is Not Acceptable)
3008 PATRICK STREETCity
KISSIMMEE

FL

Zip Code
34741

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)

04/26/2001

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 D ☐ Delete
NAME STUTESMAN LEE
STREET ADDRESS 3447 CR 547 N
CITY-ST-ZIP DAVENPORT FL 33837TITLE CPST ☐ Delete
NAME STUTESMAN DALE
STREET ADDRESS 3443 CR 547 N.
CITY-ST-ZIP DAVENPORT FL 33837TITLE V ☐ Delete
NAME STUTESMAN DAVID
STREET ADDRESS 3408 HAWKIN DR.
CITY-ST-ZIP KISSIMMEE FL 34746TITLE D ☐ Delete
NAME STUTESMAN MARGARET
STREET ADDRESS 3447 CR 547 N.
CITY-ST-ZIP DAVENPORT FL 33837TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME STUTESMAN BURNELL O
STREET ADDRESS 3447 CR 547 N
CITY-ST-ZIP DAVENPORT FL 33837TITLE CPST ☒ Change ☐ Addition
NAME STUTESMAN DALE
STREET ADDRESS 3443 CR 547 N.
CITY-ST-ZIP DAVENPORT FL 33837TITLE V ☒ Change ☐ Addition
NAME STUTESMAN LEE
STREET ADDRESS 3447 CR 547 N
CITY-ST-ZIP DAVENPORT FL 33837TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: DALE STUTESMAN

CPST

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)