

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90198 023 ***150.00

DOCUMENT # F95000001834

1. Entity Name
SHASTA AVIATION CORPORATION

Principal Place of Business 7750 PINES BLVD PEMBROKE PINES FL 33024 US	Mailing Address 7750 PINES BLVD PEMBROKE PINES FL 33024-6921 US
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2. Principal Place of Business 7501 Pembroke Road	3. Mailing Address 7501 Pembroke Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hollywood, FL, 33023	City & State Hollywood, FL, 33023
Zip 33023	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0475278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEALY, DEAN H 7750 PINES BLVD PEMBROKE PINES FL 33024	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7501 PEMBROKE ROAD City HOLLYWOOD, FL Zip Code 33023	

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 **Dean H. Shealy, Pres.** 4/11/2000
Signature, typed or printed name of registered agent, and (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 NAME STREET ADDRESS CITY-ST-ZIP	PTD SHEALY, DEAN H 7750 PINES BLVD PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7501 Pembroke Road Hollywood, FL, 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSDC STEVENS, LARRY 168 N. 9TH, SUITE 250 BOISE ID 83702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DEAN H. SHEALY** **PRESIDENT** 6 APR 2000 954-987-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)