

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90053 006 ***150.00

DOCUMENT # F95000001834

1. Entity Name
SHASTA AVIATION CORPORATION

Principal Place of Business 7501 PEMBROKE RD HOLLYWOOD FL 33023 US	Mailing Address 7501 PEMBROKE RD HOLLYWOOD FL 33023 US
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DO NOT WRITE IN THIS SPACE

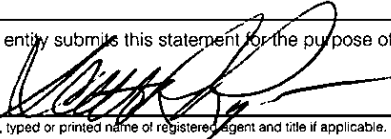
2. Principal Place of Business 1620 S.W. 75 Ave.	3. Mailing Address 1620 S.W. 75 Ave.
Suite, Apt. #, etc. c/o Crescent Facility	Suite, Apt. #, etc. c/o Crescent Facility

City & State Pembroke Pines, Fl.	City & State Pembroke Pines, Fl.	4. FEI Number 82-0475278	Applied For <input type="checkbox"/> Not Applicable
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Zip 33023	Country USA	Zip 33023	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHEALY, DEAN H 7501 PEMBROKE RD HOLLYWOOD FL 33023		7. Name and Address of New Registered Agent Name Runyan, Scott Street Address (P.O. Box Number is Not Acceptable) 1620 S.W. 75 Avenue. c/o Crescent Facility City Pembroke Pines FL Zip Code 33023	
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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  Scott Runyan, President DATE 4/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHEALY, DEAN H 7501 PEMBROKE RD HOLLYWOOD FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Runyan, Scott 1620 S.W. 75 Avenue Pembroke Pines, Fl. 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	VP Nixon, John Michael 1620 S.W. 75 Avenue Pembroke Pines, Fl. 33023 <input checked="" 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:  Scott Runyan, President DATE 4/16/02 (954) 987-1900
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)