

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90960 040 ***150.00

035111 AV

DOCUMENT # F98000003258

1. Entity Name

GAB ROBINS AVIATION LIMITED CO.



Principal Place of Business

**4620 NORTH STATE ROAD 7, STE. 200
FORT LAUDERDALE FL 33319**

Mailing Address

**4620 NORTH STATE ROAD 7, STE. 200
FORT LAUDERDALE FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2102256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCKEEMAN, HERBERT M
4620 NORTH STATE ROAD 7, STE. 200
FORT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name

RONALD F. RICHARDS

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

4620 NORTH STATE ROAD

SUITE 200

City

FORT LAUDERDALE

FL

Zip Code

33319

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) **(R F RICHARDS)**

04/25/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	MR	<input type="checkbox"/> Delete
NAME	MCHEEMAN, HERBERT M	
STREET ADDRESS	1054 FAIRFAX LANE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	MR	<input type="checkbox"/> Delete
NAME	BES, PHILIPPE	
STREET ADDRESS	FLAT 8, MARGARETHA HOUSE, DRAYCOTTE PL.	
CITY-ST-ZIP	LONDON, S2325B U.K.	
TITLE	MR	<input type="checkbox"/> Delete
NAME	LEMANSKI, LUCIEN	
STREET ADDRESS	6 DOVEHOUSE GREEN, ROSSLYN PK., WEYBRIDGE	
CITY-ST-ZIP	SURREY KT139NE, UK	
TITLE	MR	<input type="checkbox"/> Delete
NAME	BURGE, ROBERT J	
STREET ADDRESS	SIMLA, CHILTERN HILL CHALFONT ST PETER	
CITY-ST-ZIP	GERRARDS CROSS BUCKS SLQ9TX	
TITLE	MR	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, JAMES	
STREET ADDRESS	PARKWOOD HOUSE MAYFIELD	
CITY-ST-ZIP	E. SUSSEX, TN206NS U.K.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MR.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDY PETER	
STREET ADDRESS	32 SHOREHAM LANE	
CITY-ST-ZIP	SEVENDARS KENT TN3 3DT UK	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 APR 2003

Date

0144207 200 3078

Daytime Phone #

CR2E034 (10/02)