

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004758

1. Entity Name

RAVEN HELICOPTER SERVICE, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90035 047 ***150.00

Principal Place of Business

Mailing Address

PMB 424, 6822 22ND AVENUE NORTH
ST. PETERSBURG FL 33710-3918

PMB 424, 6822 22ND AVENUE NORTH
ST. PETERSBURG FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1858760

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DIXON, KIM
2105 STERLING PALMS CT. APT. 203
BRANDON FL 33511

Name
Dixon, Kim

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

9609 Birnamwood St.

City
Riverview

FL

Zip Code
33569

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 Kim Dixon Kim Dixon

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

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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
CPST
DAWSON, CHARLES L III
2105 STERLING PALMS CT. APT. 203
BRANDON FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPST
Dawson, Charles L III
9609 Birnamwood St.
Brandon F Riverview FL 33569 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

Charles L. Dawson III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

04/16/00

Date

727-422-1237

Daytime Phone #

CR2E034 (9/99)