

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90015 034 \*\*\*550.00

**DOCUMENT # F99000006611**

**1. Entity Name**  
**ATLANTIC AVIATION CORPORATION**

**Principal Place of Business**      **Mailing Address**  
**131 CONTINENTAL DRIVE, SUITE 409**      **131 CONTINENTAL DRIVE, SUITE 409**  
**NEWARK DE 19711**      **NEWARK DE 19711**

**771917**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>51-0069666</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip <b>19713</b>	Country	Zip <b>19713</b>	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>C T CORPORATION SYSTEM</b>				Name			
<b>1200 SOUTH PINE ISLAND ROAD</b>				Street Address (P.O. Box Number is Not Acceptable)			
<b>PLANTATION FL 33324</b>							
				City <b>FL</b> Zip Code			

**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE		<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>		<b>FILE NOW! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>11. OFFICERS AND DIRECTORS</b>				<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>President + Treasurer</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>GROVES, RAY J</b>			NAME	<b>Louis T. Pepper</b>		
STREET ADDRESS	<b>787 SEVENTH AVE., 26TH FL</b>			STREET ADDRESS	<b>4310 Amelia Earhart</b>		
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>			CITY-ST-ZIP	<b>Addicks, TX 75001</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>VP &amp; Secretary</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>JOSHUA M.D. HALL</b>			NAME	<b>Richard B. Vacek, Jr.</b>		
STREET ADDRESS	<b>100 LIGHT STREET, 6TH FLOOR</b>			STREET ADDRESS	<b>4310 Amelia Earhart</b>		
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>			CITY-ST-ZIP	<b>Addicks, TX 75001</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MAHONEY, BRIAN T</b>			NAME			
STREET ADDRESS	<b>100 LIGHT STREET, 6TH FLOOR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>			CITY-ST-ZIP			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FITZGERALD, RAYMOND N</b>			NAME			
STREET ADDRESS	<b>131 CONTINENTAL DRIVE, SUITE 409</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEWARK DE 19711</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>TAIT, VICTORIA A</b>			NAME			
STREET ADDRESS	<b>131 CONTINENTAL DRIVE, SUITE 409</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEWARK DE 19711</b>			CITY-ST-ZIP			
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CROWLEY, THOMAS W</b>			NAME			
STREET ADDRESS	<b>131 CONTINENTAL DRIVE, SUITE 409</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEWARK DE 19711</b>			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 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:** *Louis T. Pepper* **5/24/01** **972-733-5830**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)