

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H05099

1. Entity Name

RED BARON AVIATION, INC.

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

04-18-2000 90200 036 ***150.00

Principal Place of Business 6911 SHELSON RD. SUITE B TAMPA FL 33615 US	Mailing Address 6911 SHELSON RD. SUITE B TAMPA FL 33615 US
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2. Principal Place of Business 4023 W. WATERS AVE. Suite, Apt. #, etc. SUITE 14	3. Mailing Address 4023 W. WATERS AVE. Suite, Apt. #, etc. SUITE 14
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City & State TAMPA FL	City & State TAMPA FL	4. FEI Number 59-2412959	Applied For <input type="checkbox"/> Not Applicable
Zip 33614	Country US	Zip 33614	Country US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GALLOPS, MYRLE B. 4623 BAYCREST DR TAMPA FL 33615	7. Name and Address of New Registered Agent Name KIMMIE GALLOPS Street Address (P.O. Box Number is Not Acceptable) 8445 FLAGSTONE DR. City TAMPA FL Zip Code 33615
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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 Kimmie Gallops KIMMIE
Signature, typed or printed name of registered agent and title 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) <input type="checkbox"/>	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. <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	VD GALLOPS, KIMMIE C. 8445 FLAGSTONE DR TAMPA FL <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	PD GALLOPS, MYRLE B. 4623 BAYCREST DR TAMPA FL <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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: KIMMIE GALLOPS 4/10/00 813-888-7335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #