

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90299 048 \*\*\*158.75

**DOCUMENT # H78347**

**1. Entity Name**  
**WANER AVIATION, INCORPORATED**



**Principal Place of Business**  
**PALM BEACH INTERNATIONAL AIRPORT**  
**WEST PALM BEACH FL 33406**  
**US**

**Mailing Address**  
**P. O. BOX 18229**  
**WEST PALM BEACH FL 33416**  
**US**

**90016952**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0101080**

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**

~~WANER, DAVID~~  
~~6-100-1000-BELVEDERE~~  
~~WEST PALM BEACH FL 33406~~

Name

**David Gaynes, Esq.**

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

**123 North Longwood Avenue, #304**

City

**Boynton Beach**

**FL**

Zip Code  
**33426**

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

**G** **David M. Gaynes**  
**Attorney At Law**  
**7153 Catania Drive**  
**Boynton Beach, FL 33437**

**1/9/03**  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WANER, DOROTHY 1104 RHAPSODY WAY ROYAL PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WANER, DAVID 1104 RHAPSODY WAY ROYAL PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>WAYNE GARNER JUNIOR.</b> <b>16391 EAST BRIGHTON DRIVE</b> <b>LOXAHATCHEE, FLORIDA 33470-4124</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROBERT PETRONELLA</b> <b>3702 WEST LAKE ESTATES DRIVE</b> <b>DAVIE FLORIDA 33328</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>JOSE CAMACHO</b> <b>3360 NW 22ND STREET</b> <b>COCONUT CREEK, FLORIDA 33066</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>WAYNE GARNER III</b> <b>19864 KING FISHER LANE</b> <b>LOXAHATCHEE, FLORIDA 33470</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

**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:** *David Gaynes* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/03** **1-561-818-8672**  
Date Daytime Phone #

CR2E034 (10/02)