

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J00224

1. Entity Name

A K AVIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90152 034 ***158.75

Principal Place of Business

% ALEX KARRAS
2612 89TH ST. N.W.
BRADENTON FL 34209

Mailing Address

% ALEX KARRAS
2612 89TH ST. N.W.
BRADENTON FL 34209-9616

2. Principal Place of Business

9207 17th Drive N.W.

Suite, Apt. #, etc.

3. Mailing Address

9207 17th Drive N.W.

Suite, Apt. #, etc.

City & State

Bradenton, Fl. 34209

Zip

Country

USA

City & State

Bradenton, Fl. 34209

Zip

Country

USA

4. FEI Number

59-2691420

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARRAS, ALEX
2612 89TH ST. N.W.
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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)



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

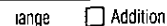
11. OFFICERS AND DIRECTORS

TITLE DP
NAME KARRAS, ALEX
STREET ADDRESS 2612 89TH ST. N.W.
CITY-ST-ZIP 9207 17th Drive N.W.
BRADENTON FL 34209



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



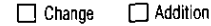
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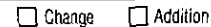
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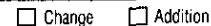
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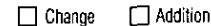
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CITY-ST-ZIP



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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #