2000 UNIFORM BUSINESS REPORT (UBR)

FORREST HELLER

FILED DOCUMENT # **J26562** Mar 06, 2000 8:00 am **Secretary of State** SPRUCE CREEK AIRCRAFT SERVICES, INC. 03-06-2000 90036 002 ***150.00 Principal Place of Business Mailing Address 105 PIPER BLVD. 105 PIPER BLVD. DAYTONA BEACH FL 32124-6738 DAYTONA BEACH FL 32124-7090 ししひひみひひむ 3. Mailing Address 2. Principal Place of Business THE STATE OF THE STATE OF Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2696995 Not Applicable Country \$8.75 Additional Zip Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HELLER, FORREST Street Address (P.O. Box Number is Not Acceptable) 105 PIPER BLVD **DAYTONA BEACH FL 32124** Zip Code City FL 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/99) Change ☐ Addition ☐ Delete TITLE TITLE HELLER, FORREST NAME NAME STREET ADDRESS 105 PIPER BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL Change Addition ☐ Delete TITLE TITLE HELLER, FORREST NAME NAME STREET ADDRESS STREET ADDRESS 105 PIPER BLVD CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE 19 Eller (ST TITLE NAME STREET ADDRESS STREET ADDRESS 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 eignature 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 emported.

904-322-0701

Daytime Phone #

2/9/2000