2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J69652 **DOCUMENT #**

1 Entity Name



FILED Apr 24, 2003 8:00 am Secretary of State

RALEY-STRANG AVIATION, INC.						04-24-20	J3 90246 030	130	7.00
Principal Place 203 AVENUE WINTER HAVE	A. N.W.	s	Mailing Addres 203 AVENUE A WINTER HAVEN	. N.W.			81/18 1/84 8/84/ 8/84/ 84/		
2. Principal Place of Business 3. Ma				ress			DI 110 1101 A101 B161 A1	IAN DARIN DI	DAN BADAH MERI
Suite, Apt. #, etc.			Suite, Apt. #,	etc.		CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-2804842 Applied Fo Not Applie			plied For t Applicable
Zip Country		Zip	Coui	ntry	5. Certificate of Status Desired		75 Add Required		
		and Address of Curre			7. Name and Address of New Registered Agent				
STDANG		الانسوء فجيله وفي مستده	en flog en en en old	ونج الجيلي والمحاربي	Name	باحقه د الساد فاحد و ۱	and the same of the same of	ر منت	
STRANG, CARL J., III 200 AVE B NW					Street Address (P.O. Box Number is Not Acceptable)				
WINTER HAVEN FL 33881									
					City		FL	Zip Code	
the obliga	tions of regist		t for the purpose of ch	anging its register	red office or registe	ered agent, or both, in the State of I	Florida. I am famili	ar with, a	and accept,
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 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign I Trust Fund Contribut			D May Be to Fees
10.		OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO O	FICERS AND DIR	ECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ILLIAM L., JR. CANNON DR AVEN FL		i -	l l			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS STRANG, (200 AVE E WINTER H	l, NW		NAM STR				Change	Addition
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TITLE NAME STREET ADDRESS				NAM	1			Change	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 empoyered 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: