

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90278 019 \*\*\*\*50.00

**DOCUMENT # L00000001377**

**1. Entity Name**  
**BRANDON AVIATION SERVICES, LLC**

**Principal Place of Business**      **Mailing Address**  
**210 RIDGEWOOD AVENUE**      **210 RIDGEWOOD AVENUE**  
**BRANDON FL 33510**      **BRANDON FL 33510**

**2. Principal Place of Business**      **3. Mailing Address**  
*210 Ridgewood Ave*      *210 Ridgewood Ave*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
*BRANDON, FL.*      *BRANDON, FL.*  
**Zip**      **Country**      **Zip**      **Country**  
*33510*      *HILLSBOROUGH*      *33510*      *HILLSBOROUGH*



DO NOT WRITE IN THIS SPACE

**4. FEI Number**      **41-5541968**      **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**            **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PRICE, W. DARRYL**  
**210 RIDGEWOOD AVENUE**  
**BRANDON FL 33510**

**Name**      *NONE*  
**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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete <b>MGRM</b> <b>PRICE, W. DARRYL</b> <b>210 RIDGEWOOD AVE.</b> <b>BRANDON FL 33510</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *[Signature]*      **1-6-02**      **8B6895394**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)