

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90229 047 ****50.00

DOCUMENT # **L01000008128**

1. Entity Name

BRITANNIA AVIATION SUPPORT SERVICES, L.L.C.

Principal Place of Business

P.O. BOX 1576
 VENICE FL 34284

Mailing Address

P.O. BOX 1576
 VENICE FL 34284

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1109839

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, TROY H ESQ.
2033 MAIN ST., STE. 600
SARASOTA FL 34237

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

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

9. MANAGING MEMBERS / MANAGERS

TITLE NAME Delete
MGR MARTEN, PAUL
 STREET ADDRESS **P.O. BOX 1576**
 CITY-ST-ZIP **VENICE FL 34284**

TITLE NAME Delete
MGR CAREY, PHILIP
 STREET ADDRESS **P.O. BOX 1576**
 CITY-ST-ZIP **VENICE FL 34284**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME Change Addition
 STREET ADDRESS
 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-27-02

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE