

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

02-05-2002 90059 007 *****50.00

DOCUMENT # L01000019533

1. Entity Name

MSI AVIATION, LLC

*disregarded entity

Principal Place of Business

**610 N. WYMORE ROAD
 MAITLAND FL 32751**

Mailing Address

**610 N. WYMORE ROAD
 MAITLAND FL 32751**

- 16887



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number *

59-2557150 Massey Services

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HATCHER, STEPHEN B ESQ.
 315 E. ROBINSON STREET
 SUITE 600
 ORLANDO FL 32801**

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 **President** Delete
 NAME **Harvey L. Massey**
 STREET ADDRESS **1550 Via Tuscany**
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE Delete
 NAME
 STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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:

WITNESSES REQUIRED Harvey L. Massey

407 645-2500

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

Date

Daytime Phone #

CR2E083 (9/01)