

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90182 045 ***150.00

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DOCUMENT # L70865

1. Entity Name
HMC HELICOPTER SERVICE, INC.

Principal Place of Business
12802 SW 139TH AVE
247
MIAMI FL 33186
US

Mailing Address
12802 SW 139 AVE
BLDG 247
MIAMI FL 33186
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14592 SW 129 ST

3. Mailing Address
14592 SW 129 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0205519**

Applied For
 Not Applicable

Zip
33186

Country
USA

Zip
33186

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTER, JAMES P.
14871 SW 155 TERR
MIAMI FL 33187

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUNTER, JIM P. 14871 SW 155TH TERR MIAMI FL | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Jim Hunter 14592 SW 129 STREET MIAMI, FL 33186 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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CR2E034 (9/01)

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 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 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 empowered.

SIGNATURE: *Signature of James P. Hunter* **JAMES P. HUNTER, PRES.** **4/11/02 (305) 233-8788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #