2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Apr 30, 2003 8:00 am Secretary of State	
1. Entity Nam	MENT # L7310 AVIATION, INC.	1			04-30-2003 90307 043 ***150.00	
Principal Place of Business 7987 MERCANTILE STREET N.E. PO BOX 60063 N FT MYERS FL 33917 FT MYERS FL 33907-6663 US						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			50584		CHECK HERE IF MAKING CHANGES	
City & Stat	e Myers FL Country	City & State F.T. Myer	S ; FL Country		4. FEI Number 65-0261173 Applied For Not Applicable	
339		Zip 33907	Lee		5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent	
O'DELL MICHAEL, D Street Address					P.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33909				REENAIL AVE		
City F.f.					. Myers FL 33919	
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. It am familiar with, and accept the obligations of registered agent.						
SIGNATURE BRIAN D. Hammer melster Sectry 2/27/03 (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
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 Financing Trust Fund Contribution. \$5.00 May Be Added to Fees						
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	PD BROOKS, DAVID W. 7987 MERCANTILE ST N E	Delete	TITLE NAME STREET ADDRESS	PD FA P. O	ULKNER MICHAEL Dechange Addition to 30 to	
CITY-ST-ZIP	N FT MYERS FL		CITY-ST-ZIP	ı	kerlia, FL 33922-0845	
TITLE NAME STREET ADDRESS	V Grimes, Dennis 12031 Rosemount Drive	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP	FT MYERS FL 33913		CITY-ST-ZIP	- 		
TITLE NAME STREET ADDRESS	DT O'DELL, MICHAEL, D 331 N.E. 17TH STREET	Delete	TITLE NAME STREET ADDRESS	To	HN F. ITAYATT ACCOUNTS CT.	
CITY-ST-ZIP	CAPE CORAL FL 33909		CITY-ST-ZIP		· Myers F1 33908	
TITLE NAME	D OLDING, CLAYTON 11 ILLINOIS RD	⊠ Delete	NAME	Sev Bei	retury \times Change \subseteq Addition \\ \text{anD.Hammer meister}	
STREET ADDRESS CITY-ST-ZIP	LEHIGH ACRES FL		STREET ADDRESS CITY-ST-ZIP	43	& KEENAN AUE,	
TITLE NAME	D GOLDWYN, WILLIAM	⊠ Delete	TITLE	Dir	rector Change Addition	
STREET ADDRESS CITY-ST-ZIP	3745 SE 2ND AVE CAPE CORAL FL 33904		STREET ADDRESS CITY-ST-ZIP	70	rector Change Addition The star Change Ch	
TITLE	D D	Delete	TITLE		☐ Change ☐ Addition	
IAME Street address City-St-Zip	ERICKSON, WILLIAM D 4640 SE 9TH PLACE SUITE 201 CAPE CORAL FL 33904-9016		NAME : STREET ADDRESS CITY-ST-ZIP	•		
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 empowered 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:

SIGNATURE AND TYPER ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Daytime Phone #