

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90069 008 \*\*\*158.75

**DOCUMENT # M72544**

1. Entity Name

**HELI-TECH, INC.**

Principal Place of Business

**3621 FRANKFORD AVENUE  
PANAMA CITY FL 32405  
US**

Mailing Address

**3621 FRANKFORD AVE.  
PANAMA CITY FL 32405  
US**

00015000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2884928**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SLOAN, TIMOTHY J.  
427 MCKENZIE AVE.  
PANAMA CITY FL 32401**

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 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, 2001 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	Change	Addition
	<b>P</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>THRASHER, KENNEN J</b>				
	<b>4405 DE LEN DR</b>				
	<b>PANAMA CITY FL 32404</b>				
	<b>V</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>THRASHER, JAMES G</b>				
	<b>1818 AIRPORT CIR</b>				
	<b>PANAMA CITY FL 32405</b>				
	<b>TS</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>THRASHER, ANA M</b>				
	<b>4405 DE LEN DRIVE</b>				
	<b>PANAMA CITY FL 32404</b>				
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Ana Thrasher ANA THRASHER 2-20-01 (850) 763-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, the Phone #

CR2E034 (10/00)