FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98525 1. Entity Name ESQUIRE AVIATION, INC.				Feb 26, 2002 8:00 am Secretary of State 02-26-2002 90018 024 ***150.00		
Principal Place of Business PO BOX 1348 KEY BISCAYNE FL 33149		Mailing Address PO BOX 1348 KEY BISCAYNE FL 33149		I ABBABUK NA TUKAK KUTUL BING NABU BUK BUK BUTU	HAN PIRN ALAN DI	I a ir Sibii kabi
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable		
Zip	Country	Zip Cour	ntry 5.	Certificate of Status Desired	\$8.75 Addit	tional
	6. Name and Address of Current Re	egistered Agent	7.	Name and Address of New Registered A		
			Name			
Gauckin, joel m esq 4627 Ponce de Leon Blyd			Street Address (P.O. Box Number is Not Acceptable)			
2ND FLOOR						
CORAL GABLES FL 33146			City	FL	Zip Code	
Tax filing` (See crite	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so. uria on back)	FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to D	will be \$550.00 epartment of State	10. Election Campaign Financing Trust Fund Contribution.	Added t	May Be to Fees
11. :	OFFICERS AND DI			DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDROS, TED PO BOX 1348 KEY BISCAYNE FL 33149				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- ~	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP	Defende al General		1		☐ Change	Addition
of the cor	ion this report or supplemental report is tri	ue and accurate and that my signa: ered to execute this report as requi	ture shall have the same	119.07(3)(i), Florida Statutes. I further certi- legal effect as if made under oath; that I ar ida Statutes; and that my name appears in	m an officer or	r director

SIGNATURE:

SIGNATURE END TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/3 201:345.9 441

Date Daytime Phone #