

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000003392

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: FLY-BY KNIGHTS EXPERIMENTAL AIRCRAFT ASSOCIATION (EAA) CHAPTER 1302,
INCORPORATED

Current Principal Place of Business:

12725 FOREST STREET
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

12725 FOREST STREET
TAMPA, FL 33612

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, DALE A
Address: 12725 FOREST STREET
City-St-Zip: TAMPA, FL 33612

Title: VD () Delete
Name: ALVAREZ, MARVIN
Address: 12725 FOREST STREET
City-St-Zip: TAMPA, FL 33612

Title: STD () Delete
Name: SWANK, RALPH L II
Address: 12725 FOREST STREET
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: LOCKS, DALE R
Address: 12725 FOREST STREET
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE A. JOHNSON

PD

04/27/2002

Electronic Signature of Signing Officer or Director

Date