2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# N95000004906

Entity Name: VIETNAM HELICOPTER PILOTS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

786 AVENUE C SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

786 AVENUE C SW
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-3339607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POBJECKY, J. DAVID
786 AVENUE C SW
WINTER HAVEN, FL 33880

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:	D	( ) Delete
Name:	SPEARS, BARRY	
Address:	825 SEVERN ST	
City-St-Zip:	TAMPA, FL 33606	
Title:	D	( ) Delete
Name:	JOHNSON, BOB	
Address:	110 EAST CHAPMAN RD	
City-St-Zip:	PLANT CITY, FL 33565	
Title:	D	( ) Delete
Name:	TOSOLINI, JOE	
Address:	5008 W LINEBAUGH SUITE #2	
City-St-Zip:	TAMPA, FL 33624	
Title:	D	( ) Delete
Name:	CHAPIN, JUDD	
Address:	825 SEVERN ST	
City-St-Zip:	TAMPA, FL 33606	
Title:	D	( ) Delete
Name:	HAM, LANCE	
Address:	1506 JOE MCINTOSH RD	
City-St-Zip:	PLANT CITY, FL 33565	
Title:	D	( ) Delete
Name:	HEUER, MARTI	
Address:	9165 136TH ST N	
City-St-Zip:	SEMINOLE, FL 34646	

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:	
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: BARRY SPEARS D 05/01/2002
Electronic Signature of Signing Officer or Director — Date