## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address.

GNATURE AND TYPED OR PRINTED NAME

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000032935 AMERICAN EAGLE AVIATION, INC. 04-26-2001 90244 037 \*\*\*150.00 Principal Place of Business Mailing Address 9300 REGENCY PARK BLVD 9300 REGENCY PARK BLVD PORT RICHEY FL 34668 PORT RICHEY FL 34668 3. Mailing Address P.O. Box 598 2. Principal Place of Business Suite, Apt. #, etc. Suito, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 3328 *310* Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIGLEY, TRUDY Street Address (P.O. Box Number is Not Acceptable) 9300 REGENCY PARK BLVD PORT RICHEY FL 34668 Zio 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 if applicable (NOTE Registered Agent's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President TiT::E TITLE Delete ☐ Change ☐ Addition NAME Richard Gilbert NAME STREET ADDRESS 1022 Land O"Lakes Blvd. STREET ADDRESS CGY-S1-ZIP Lutz, Florida 33549 CiTY-ST-ZIP TITLE De:ete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete ☐ Chance Addition | NAME STREET ADORESS STREET ADDRESS CITY-ST-7:P CITY-ST-ZiP TITLE ☐ Delete 7111.5 Chance Chance Addition NAME STREET ADDRESS STREET ADDRESS CLTY - ST - ZIP CHTY-ST-ZIP Dolete TITLE Channe Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 cirector of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNING OFFICER OR DIRECTOR