

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90244 037 \*\*\*150.00

**DOCUMENT # P00000032935**

1. Entity Name  
**AMERICAN EAGLE AVIATION, INC.**

Principal Place of Business <b>9300 REGENCY PARK BLVD          PORT RICHEY FL 34668</b>	Mailing Address <b>9300 REGENCY PARK BLVD          PORT RICHEY FL 34668</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 598</b> Suite, Apt. #, etc.
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City & State <b>TARPON SPRINGS, FL.</b>	4. FEI Number <b>59 3328 310</b>
Zip <b>34688</b>	Country <b>PINELLAS</b>



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>FIGLEY, TRUDY          9300 REGENCY PARK BLVD          PORT RICHEY FL 34668</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 \_\_\_\_\_ (NOTE: Registered Agent's 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Richard Gilbert</b>		NAME	
STREET ADDRESS <b>1022 Land O'Lakes Blvd.</b>		STREET ADDRESS	
CITY-STATE-ZIP <b>Lutz, Florida 33549</b>		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

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: Richard Gilbert **April 12, 2001** 813-340-0062  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)