

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046975

1. Entity Name.
K.C. AVIATION, INC.

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90180 027 ***150.00

001462 AV

Principal Place of Business
1906 CLEMATIS WAY
DAYTONA BEACH FL 32124

Mailing Address
1906 CLEMATIS WAY
DAYTONA BEACH FL 32124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 77 SYCAMORE CIR		3. Mailing Address 77 SYCAMORE CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL	
Zip 32174-3442	Country VOLUSIA	Zip 32174-3442	Country VOLUSIA

4. FEI Number **59-3645207**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name SCHAMAUN, KATHLEEN P		Name	
Street Address (P.O. Box Number is Not Acceptable) 1906 CLEMATIS WAY		Street Address (P.O. Box Number is Not Acceptable)	
City DAYTONA BEACH FL 32124		City FL 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 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) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAMAUN, KATHLEEN P 1906 CLEMATIS WAY DAYTONA BEACH FL 32124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kathleen P. Schamaun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)