

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-15-2001 90058 010 ***150.00

DOCUMENT # P00000047022

1. Entity Name

HORIZON AVIATION SERVICES, INC.



Principal Place of Business

150 SOUTH PINE ISLAND ROAD
 SUITE 500
 PLANTATION FL 33324

Mailing Address

150 SOUTH PINE ISLAND ROAD
 SUITE 500
 PLANTATION FL 33324

2. Principal Place of Business

8433 W. OKEECHOBEE RD

Suite, Apt. #, etc.

3. Mailing Address

8433 W. OKEECHOBEE RD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIACLEAH GARDENS FL

Zip 33016

Country USA

City & State

HIACLEAH GARDENS FL

Zip 33016

Country USA

4. FEI Number

65-1010721

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J ESQ.
 150 SOUTH PINE ISLAND ROAD
 SUITE 500
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

MAYNARD J. HELLMAN, ESQ

Street Address (P.O. Box Number is Not Acceptable)

8433 W. OKEECHOBEE ROAD

City

HIACLEAH GARDENS

FL

Zip Code 33016

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 signature required when reinstating)

4-30-01

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, 2001 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

TITLE D
 NAME HELLMAN, MAYNARD J ESQ. ☐ Delete
 STREET ADDRESS 150 SOUTH PINE ISLAND ROAD SUITE 500
 CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D. ☒ Change ☐ Addition
 NAME MAYNARD J. HELLMAN
 STREET ADDRESS 8433 W. OKEECHOBEE ROAD
 CITY-ST-ZIP HIACLEAH GARDENS, FL 33016

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 305-828-4200

Date

Daytime Phone #

CR2034 (10/00)