

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90797 047 ***150.00

DOCUMENT # P00000048445

1. Entity Name

UPSON AVIATION, INC.

Principal Place of Business

**1550 SOUTHERN BLVD. SUITE 100
 WEST PALM BEACH FL 33416**

Mailing Address

**1550 SOUTHERN BLVD. SUITE 100
 WEST PALM BEACH FL 33416**

2. Principal Place of Business

**1439 So. Pomp. PKwy #
 Suite, Apt. #, etc.
 #300**

3. Mailing Address

**1439 So. Pomp. PKwy
 Suite, Apt. #, etc.
 #300**

City & State

Pompano Beach, Fla

Zip

33069

Country

Broward

City & State

Pompano Beach, Fla.

Zip

33069

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1004067

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PETERSON, ERIC A

**1550 SOUTHERN BLVD. SUITE 100
 WEST PALM BEACH FL 33416**

7. Name and Address of New Registered Agent

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	PETERSON, ERIC A	
STREET ADDRESS	1550 SOUTHERN BLVD. SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE	VP	<input type="checkbox"/> Delete
NAME	UPCHURCH, JAMES R	
STREET ADDRESS	1550 SOUTHERN BLVD. SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HOLM, DONNA	
STREET ADDRESS	1550 SOUTHERN BLVD. SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 954-972-2004
 Date Daytime Phone #

CR2E034 (9/01)