

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90266 022 \*\*\*158.75

**DOCUMENT # P00000052181**

1. Entity Name  
**FUTURE AVIATION, INC.**

Principal Place of Business      Mailing Address  
**1224 INDUSTRIAL BLVD**      **1224 INDUSTRIAL BLVD**  
**MIAMI FL 34104**      **MIAMI FL 34104**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>14111 JETPORT LOOP</b>		3. Mailing Address <b>14111 JETPORT LOOP</b>		4. FEI Number <b>65-1011336</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State <b>FT. MYERS, FL</b>		City & State <b>FT. MYERS, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>33913</b>	Country <b>USA</b>	Zip <b>33913</b>	Country <b>USA</b>		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MENDELSON, VICTOR H ESQ</b> <b>825 BRICKELL BAY DRIVE SUITE 1644</b> <b>MIAMI FL 33131</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>DT</b>	NAME <b>IRWIN, THOMAS S</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3000 TAFT STREET</b>	CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1224 INDUSTRIAL BLVD</b>	CITY-ST-ZIP <b>MIAMI FL 34104</b>		STREET ADDRESS <b>14111 JETPORT LOOP</b>	CITY-ST-ZIP <b>FT. MYERS, FL 33913</b>	
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TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		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:** *Charles S. Eddy* **SIGNATURE REQUIRED** CHARLES S. EDDY, PRESIDENT 4/22/02 (239)225-0101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)