

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90474 004 ***150.00

DOCUMENT # P00000056581
 1. Entity Name
DAVID AVIATION, INC.

Principal Place of Business Mailing Address
4300 BAYPUI BLVD STE 13 **4300 BAYPUI BLVD STE 13**
PENSACOLA FL 32503 **PENSACOLA FL 32503**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1623 DOG TRACK RD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
PENSACOLA, FL
 Zip Country Zip Country
32506 **U.S.A**

4. FEI Number Applied For
59-365 0317 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FLEMING, EDWARD P
4300 BAYPUI BLVD STE 13
PENSACOLA FL 32503

7. Name and Address of New Registered Agent
 Name **ALAN C. BROTHERS**
 Street Address (P.O. Box Number is Not Acceptable)
1623 DOG TRACK RD.
 City **PENSACOLA** FL Zip Code **32506**

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 *Alan C. Brothers* **VICE PRESIDENT OF OPERATIONS** DATE **2/22/01**
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)

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	PRESIDENT <input type="checkbox"/> Delete
NAME	ROBERT C. WALLS
STREET ADDRESS	6049 SPANISH OAK DR
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete
NAME	R. CHRISTOPHER WALLS
STREET ADDRESS	6049
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	SECRETARY/TREASURER <input type="checkbox"/> Delete
NAME	MARY ANN WALLS
STREET ADDRESS	6049 SPANISH OAK DR
CITY-ST-ZIP	PENSACOLA, FL 32562
TITLE	VICE PRESIDENT OF OPERATIONS <input type="checkbox"/> Delete
NAME	ALAN C. BROTHERS
STREET ADDRESS	306 N. MADISON
CITY-ST-ZIP	PENSACOLA, FL 32505
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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: *Alan C. Brothers* **ALAN C. BROTHERS** Date **02/22/01** Daytime Phone # **(850) 453-3146**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)