

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90667 047 \*\*\*150.00

DOCUMENT # **0000 00073687**  
 1. Entity Name  
**AVIATION INVESTMENTS INC. (CA)**

**A0074104**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

2. Principal Place of Business **6838 PARK BLVD** 3. Mailing Address **SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **PINELLAS PARK, FL.** City & State

FEE Number **59-3695034** Applied For  
 Not Applicable

Zip **33781** Country **USA** Zip Country

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

6. Name and Address of Current Registered Agent  
**WAYNE CHAMP**  
**10512 SOUVEREIGN DR.**  
**LARGO, FL.**  
**33774**

7. Name and Address of New Registered Agent  
 Name **JOHN N. SAMAHA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6838 PARK BLVD.**  
**PINELLAS PARK, FL 33781**

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  **JOHN N. SAMAHA** **6-14-01**  
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, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>WAYNE CHAMP</b><br><b>PRESIDENT/DIRECTOR</b><br><b>6838 PARK BLVD.</b><br><b>PINELLAS PARK, FL. 33781</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>VISIT/D</b><br><b>JOHN N. SAMAHA</b><br><b>6838 PARK BLVD.</b><br><b>PINELLAS PARK, FL. 33781</b>         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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  **JOHN N. SAMAHA** **6/14/01** **727 804 1199**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)