

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90031 005 ***150.00

DOCUMENT # P00000073687

1. Entity Name
AVIATION INVESTMENTS, INC.

Principal Place of Business

~~6838 PARK BLVD
 PINELLAS PARK FL 33781~~

Mailing Address

~~6838 PARK BLVD
 PINELLAS PARK FL 33781~~

2. Principal Place of Business

259-4TH AVE. N.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 609
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG, FL.

Zip
33701

County
USA

City & State
ST. PETERSBURG, FL.

Zip
33731

County
USA

4. FEI Number **59-3695034**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~SAMAHA, JOHN N
 6838 PARK BLVD
 PINELLAS PARK FL 33781~~

7. Name and Address of New Registered Agent

Name **JOHN N. SAMAHA**
 Street Address (P.O. Box Number is Not Acceptable)
259-4TH AVE. N.
ST. PETERSBURG, FL Zip Code **33701**

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

4/23/02
 DATE

(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, 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	PD	<input type="checkbox"/> Delete
NAME	CHAMP, WAYNE	
STREET ADDRESS	6838 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SAMAHA, JOHN N	
STREET ADDRESS	6838 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
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		
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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CITY-ST-ZIP		
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 727 804 1199
 Date Daytime Phone #

CR2E034 (9/01)