

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90242 029 ***150.00

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DOCUMENT # P00000073687



1. Entity Name
AVIATION INVESTMENTS, INC.

Principal Place of Business
**259-4TH AVE N
SAINT PETERSBURG FL 33701**

Mailing Address
**PO BOX 609
SAINT PETERSBURG FL 33731**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3695034

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMAHA, JOHN N
259-4TH AVE N
SAINT PETERSBURG FL 33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD**
STREET ADDRESS **CHAMP, WAYNE**
CITY-ST-ZIP **~~6038 PARK BLVD~~
PINELLAS PARK FL 33781**

Change Addition
STREET ADDRESS **259 4TH AVE. N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE Delete
NAME **VSTD**
STREET ADDRESS **SAMAHA, JOHN N**
CITY-ST-ZIP **~~6038 PARK BLVD~~
PINELLAS PARK FL 33781**

Change Addition
STREET ADDRESS **259 4TH AVE. N.**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* **JOHN N. SAMAHA** **4/29/03** **727 804 1199**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)