


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90236 023 ***150.00

DOCUMENT # P00000081098	
1. Entity Name Crescent City Aviation, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25 N. Lake St.	3. Mailing Address P.O. Box 802
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Crescent City, FL	City & State Crescent City, FL	4. FEI Number 59-3667469	Applied For <input type="checkbox"/> Not Applicable
Zip 32112	Country USA	Zip 32112	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	president Russell White 25 North Lake Street Crescent City, FL 32112	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-04

Date

386-437-5792

Daytime Phone #

CR2E034B (12/02)