

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90099 009 ***150.00

DOCUMENT # P00000110360

1. Entity Name

TCC Aviation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1008 LORING AVENUE

3. Mailing Address

1008 LORING AVENUE

Suite, Apt. #, etc.

SUITE 29

Suite, Apt. #, etc.

SUITE 29

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

32073

Country

USA

Zip

32073

Country

USA

4. FEI Number

59-3686489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ARNOLD H. SLOTT

Street Address (P.O. Box Number is Not Acceptable)

SLOTT + BARKER

334 EAST DUVAL STREET

City

JACKSONVILLE

FL

Zip Code

32202

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

Kevin Kenney

KEVIN KENNEY, DIRECTOR

4/19/02

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)** ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DIRECTOR
NAME KEVIN KENNEY
STREET ADDRESS 1644 MISTY LAKE DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE DIRECTOR
NAME EYDIE JOE KENNEY
STREET ADDRESS 1644 MISTY LAKE DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Kevin Kenney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

4/19/02

Date

904-215-9995

Daytime Phone #

CR2E034B (12/01)