

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

DOCUMENT # *P 0100003682*

1. Entity Name

*AERO HORIZONS, INC.*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUL -3 AM 11:08

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2216 Ashley Court*

3. Mailing Address

*P.O. Drawer 190*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*DeCALA, FL*

City & State

*DeCALA FL*

4. FEI Number

☒ Applied For  
☐ Not Applicable

*34471*

Country  
*USA*

*34478*

Country  
*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *RUBINAS, Wayne L.*

Street Address (P.O. Box Number is Not Acceptable)  
*607 EAST SIXTH AVENUE*

City *Tallahassee, FL* **FL** Zip Code *32303*

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*PSTD  
CLARK, JACK A.  
2216 Ashley Court  
DeCALA, FL 34471*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*400006197224--2*

TITLE  
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CITY-ST-ZIP

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*-07/03/02--01021--016  
\*\*\*\*450.00 \*\*\*\*150.00*

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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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/3/02*

Date

*352/732-3125*

Daytime Phone #

CR2E034B (12/01)

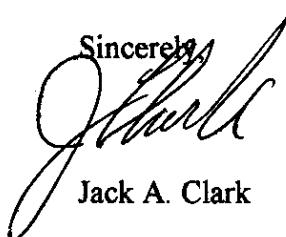
CLARK PROPERTIES  
2216 Ashley Court  
Ocala, FL 34471

Re: Annual Report

Dear Office of Secretary of State:

Please excuse my tardy filing of the enclosed Annual Report. For some reason I did not receive the annual mailing for this entity. When I discovered this timely filing was not possible. Please consider this request for waiver of any late-filing fees.

Thank you for your kind consideration of this request.

Sincerely,  
  
Jack A. Clark