

**2003 FOR PROFIT CO.
UNIFORM BUSINESS RE**

**TION
(UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-17-2003 90150 028 ***150.00

3/17

DOCUMENT # P01000003682

1. Entity Name
AERO HORIZONS, INC.



Principal Place of Business
2216 ASHLEY COURT
OCALA FL 34471

Mailing Address
PO DRAWER 190
OCALA FL 34478



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBINAS, WAYNE L
607 EAST SIXTH AVENUE
TALLAHASSEE FL 32303

Name **JACK A. CLARK**
Street Address (P.O. Box Number is Not Acceptable)
2216 Ashley Court
City **OCALA** **FL** **Zip Code** **34471**

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 *Jack A. Clark*
Signature, typed or printed name of registered agent and title if applicable.

J. Clark
(NOTE: Registered Agent signature required when reinstalling)

3-14-03
DATE

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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD CLARK 2216 ASHLEY COURT OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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: *Jack A. Clark* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03 **82 323121**
Daytime Phone #

CR2F034 (11/02)