

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

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90189 009 \*\*\*150.00

DOCUMENT # P01000067963

1. Entity Name

WHITE POINT AVIATION, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1125 HIGHWAY 98 EAST

Suite, Apt. #, etc.

3. Mailing Address

1125 HIGHWAY 98 EAST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DESTIN, FL

City & State

DESTIN, FL

4. FEI Number

59-3742989

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32541

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

VICTOR L. BARRETT

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

1125 HIGHWAY 98 EAST

City

DESTIN

FL

Zip Code

32541

**DO NOT WRITE  
IN THIS SPACE**

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  
PRESIDENT/S/D  
VICTOR L. BARRETT  
1125 HIGHWAY 98 EAST  
DESTIN, FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *V L Barrett* VICTOR L. BARRETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-02

Date

850-837-3295

Daytime Phone #

CR2E034B (12/01)