

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

1/3

01-30-2003 90108 048 ***150.00

DOCUMENT # P02000010515

1. Entity Name
S/A AVIATION SERVICES INC.



Principal Place of Business
**6237 MADRAS CIR.
BOYNTON BEACH FL 33437**

Mailing Address
**6237 MADRAS CIR.
BOYNTON BEACH FL 33437**



2. Principal Place of Business

3. Mailing Address

216 CITRUS TRAIL
Suite, Apt. #, etc.

216 CITRUS TRAIL
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

80-0033006

Applied For

Not Applicable

Zip
33436

Country
US

Zip
33436

Country
US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MODAS, DANIEL A
1215 SE 2ND AVE., #202
FT. LAUDERDALE FL 33335**

7. Name and Address of New Registered Agent

Name

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

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

Donnie R. Shackelford

(NOTE: Registered Agent signature required when reinstating)

DATE

01-27-03

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

TITLE **P** ☐ Delete
NAME **SHACKELFORD, DONNIE R**
STREET ADDRESS **6237 MADRAS CIR.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DONNIE R. SHACKELFORD** ☒ Change ☐ Addition
NAME **216 CITRUS TRAIL**
STREET ADDRESS
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 of 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 or other like empowered.

SIGNATURE: *Donnie R. Shackelford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)