
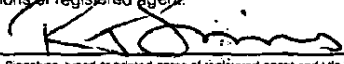



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-14-2003 90224 039 ***150.00

DOCUMENT # P02000055426																																																																	
1. Entity Name AIRTECH AVIATION SERVICES INC.																																																																	
Principal Place of Business P O BOX 9931 FT LAUDERDALE FL 33310			Mailing Address P O BOX 9931 FT LAUDERDALE FL 33310																																																														
2. Principal Place of Business		3. Mailing Address																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																															
City & State		City & State		4. FEI Number 02-0618191																																																													
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																													
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																														
BURNETTE, RIC 4491 CRYSTAL LAKE DR. #203B POMPANO BEACH FL 33065			Name RT SIMMS																																																														
			Street Address (P.O. Box Number is Not Acceptable) 6504 CONTEMPORARY LN																																																														
			City BOCA RATON FL Zip Code 33433																																																														
			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  RT SIMMS 3/28/02 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																														
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																														
10. OFFICERS AND DIRECTORS																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;"><input type="checkbox"/> Delete</td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td>PRESIDENT, SECRETARY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>RIC, BURNETTE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>P.O. BOX 100004</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>FT. LAUDERDALE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>FL 33310</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete			PRESIDENT, SECRETARY						RIC, BURNETTE						P.O. BOX 100004						FT. LAUDERDALE						FL 33310																												
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete																																																													
	PRESIDENT, SECRETARY																																																																
	RIC, BURNETTE																																																																
	P.O. BOX 100004																																																																
	FT. LAUDERDALE																																																																
	FL 33310																																																																
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> <td style="width:10%;"></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																													
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:  RIC BURNETTE 3/28/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																	

55041881



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)