

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000024527

1. Entity Name

MCKENZIE AVIATION, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90199 011 ***150.00

Principal Place of Business

245 S SCENIC HWY
FROSTPROOF FL 33843

Mailing Address

245 S SCENIC HWY
FROSTPROOF FL 33843

2. Principal Place of Business

1762 S. LAKE REEDY BVD

3. Mailing Address

P.O. Box 250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FROSTPROOF FL

City & State

FROSTPROOF FL

Zip

Country

33843

Zip

Country

33843

4. FEI Number

59-3173233

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

MCKENZIE, RICHARD M JR
2451 C R 630 WEST
FROSTPROOF FL 33843

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MCKENZIE, RICHARD M JR
2451 C R 630 W
FROSTPROOF FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

RICHARD MCKENZIE, JR 4/26/01 (863) 635-2628

Date

Daytime Phone #

CR2E034 (10/00)