

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025569

1. Entity Name

DENTON AVIATION SERVICES, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90007 015 ***150.00

Principal Place of Business

Mailing Address

7919 THURMAN CT
ORLANDO FL 32817

P O BOX 4095
WINTER PARK FL 27410-8405

2. Principal Place of Business

12905 BIG SUR DRIVE

Suite, Apt. #, etc.

3. Mailing Address

12905 BIG SUR DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59-3189183

Applied For

Not Applicable

Zip

33625

Country

USA

Zip

33625

Country

USA

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

DENTON, JOHN W
7919 THURMOND CT
ORLANDO FL 32817

Name

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

12905 BIG SUR DRIVE

City

TAMPA

FL

Zip Code

33625

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, 2000 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 | S | <input type="checkbox"/> Delete |
| NAME | NADYA ESTRELLA DENTON | |
| STREET ADDRESS | 7919 THURMOND CT | |
| CITY-ST-ZIP | ORLANDO FL 32817 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | DENTON, DAVID W. | |
| STREET ADDRESS | 4208 FAIRWAY RUN | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NADYA ESTRELLA DENTON | |
| STREET ADDRESS | 12905 BIG SUR DRIVE | |
| CITY-ST-ZIP | TAMPA FLORIDA 33625 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DENTON, DAVID W | |
| STREET ADDRESS | 12905 BIG SUR DRIVE | |
| CITY-ST-ZIP | TAMPA FLORIDA 33625 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John W. Denton
JOHN W. DENTON

1/26/00

1-813-960-5721

CR2E034 (9/99)