2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000033716

HAND AERONAUTICS, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

2928 NELA AVENUE CTLL1000 FL 32809 2928 NELA AVENUE ORLANDO FL 32809-6177

2. Principal P	lace of Business	3. Mailing Address	1 109			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Suite, Apt.	#, GIO.			BONOT WHILE IN THIO OF YOU		
City & State		City & State		4. FEI Number 59-3169812 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent		
,			Name	Name		
HAND, WILLIAM C 2928 NELA AVENUE ORLANDO FL 32809			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
CICNIATI IDE	named entity submits this statement		Is registered office or reg	egistered agent, or both, in the State of Florida. required when reinstating) DATE		
Tax filing r (See criter	oration is eligible to satisfy its Intangi requirement and elects to do so. ria on back)	After MAY 1, 2 Make Check Paya	/!!! FEE IS \$150.00 000 Fee will be \$550. ble to Department of	5.00 May 1 Trust Fund Contribution. Added to Fees Added to Fees		
11.	PSTD OFFICERS AN	ID DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAND, WILLIAM C 2928 NELA AVENUE ORLANDO FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ Glailye _ Auc		
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE . NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ado		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		Delete	- TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME · STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY ST. 78	☐ Change ☐ Add		

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.

FILED

Mar 20, 2000 8:00 am Secretary of State

03-20-2000 90008 033 ***150.00