

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067760

1. Entity Name
TROPIC HELICOPTER, INC.

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90289 006 ***150.00

0422783 AV

Principal Place of Business
4759 POSEIDON PLACE
LAKE WORTH FL 3346
US

Mailing Address
4759 POSEIDON PLACE
LAKE WORTH FL 33463
US

2. Principal Place of Business
2633 Lantana Rd.
Suite, Apt. #, etc.
Ste. 40

3. Mailing Address
2633 Lantana Rd.
Suite, Apt. #, etc.
Ste. 40

City & State
Lantana, FL

City & State
Lantana, FL

Zip
33462

Country
USA

Zip
33462

Country
USA

4. FEI Number 65-0445416

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEMPER, JOSEPH C
4759 POSEIDON PLACE
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name
Janusz S. Lacki
Street Address (P.O. Box Number is Not Acceptable)
2633 Lantana Rd. Ste. 40
City
Lantana FL Zip Code
33462

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 *Janusz S. Lacki* (NOTE: Registered Agent signature required when reinstating) DATE *Apr-28-2003*

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 NAME STREET ADDRESS CITY-ST-ZIP	D KEMPER, JOSEPH C 4759 POSEIDON PLACE LAKE WORTH FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Janusz S. Lacki 2633 Lantana Rd. Ste. 40 Lantana, FL 33462	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 information empowered.

SIGNATURE: *Janusz S. Lacki* DATE: *Apr-28-2003* DAYTIME PHONE: *(561) 434-2122*

CR2E034 (10/02)