

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000000700**1. Entity Name
TWO GUY'S AVIATION INC.**Principal Place of Business**2600 NW 62ND STREET
HANGAR 20
FORT LAUDERDALE
33309

FL

US

Mailing Address2600 NW 62ND STREET
HANGAR 20
FORT LAUDERDALE
33309

US

FL

2. Principal Place of Business

5930 N.W. 28TH WAY

3. Mailing Address

5901 N.W. 24TH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE

FL

City & State

FORT LAUDERDALE

FL

Zip
33309Country
USZip
33309Country
US**4. FEI Number****65-0456582**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****FICK KENNETH**
2600 NORTHWEST 62ND STREET
HANGAR 20
FORT LAUDERDALE
33309

FL

US

7. Name and Address of New Registered Agent**Name****FICK KENNETH**

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

5901 N.W. 24TH WAY

City

FORT LAUDERDALE

FLZip Code
33309

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 _____ **05/08/2001**

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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	PROHASKA TIMOTHY	
STREET ADDRESS	2600 NW 62ND STREET # 20	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FICK KENNETH	
STREET ADDRESS	P.O. BOX 1000604 N/A	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROHASKA TIMOTHY	
STREET ADDRESS	5901 N.W. 24TH WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
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		
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: Timothy Prohaska

VP

05/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)