

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037393

1. Entity Name

BIG LAKE AVIATION, INCORPORATED

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90085 009 \*\*\*150.00

Principal Place of Business

113 N.W. 11TH AVENUE  
OKEECHOBEE FL 34974

Mailing Address

P O DRAWER 700  
113 NW 11TH AVE  
OKEECHOBEE FL 34973-0700  
US

2. Principal Place of Business

805 S.W. 15th Street

3. Mailing Address

805 S.W. 15th Street

Suite, Apt. #, etc.

P.O. Drawer 700

Suite, Apt. #, etc.

P.O. Drawer 700

City & State

Okeechobee, FL

City & State

Okeechobee, FL

Zip

34973-0700

Country

USA

Zip

34973-0700

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0490894

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABNEY, JOHN W SR.  
113 N.W. 11TH AVENUE  
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	ABNEY, JOHN W SR.	
STREET ADDRESS	805 S.W. 15TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ABNEY, JOHN W JR.	
STREET ADDRESS	805 S.W. 15TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
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	<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	
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:

*John W. Abney, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

(863) 7636541

Date

Daytime Phone #

CR02EN34 (0/00)