2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90259 048 ***150.00

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DOCUMENT # P94000039738

1. Entity Name
AVIATION BLADE SERVICES, INC.

Principal Place of Business
51 N. AIRPORT RD.
KISSIMMEE FL 34741

Mailing Address
51 N. AIRPORT RD.
KISSIMMEE FL 34741

2. Principal Place of Business	3. Mailing Address
51 N. HOAGLAND BLVD	51 N. HOAGLAND BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL
Zip: 34741 Country: USA	Zip: 34741 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3246547 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

STATESMAN, DAVID M
51 NORTH HOAGLAND BLVD
KISSIMMEE FL 34741

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
January 9, 2003 DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STUTESMAN, DAVID M. 730 DROMEDARY DR KISSIMMEE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD PETERSON, LEONARD 2482 PINE CHASE CIRCLE SAINT CLOUD FL 34769 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 like empowered.

SIGNATURE: [signature] DAVID STUTESMAN Jan 9, 2003 407-846-6780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #