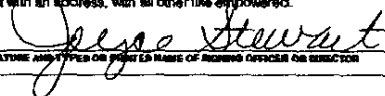


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051416					
1. Entity Name STEWART AVIATION SERVICES, INCORPORATED					
Principal Place of Business 3415 SW 9 AVE FORT LAUDERDALE, FL 33315 US			Mailing Address 3415 SW 9 AVE FORT LAUDERDALE, FL 33315 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 85-0503680	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, ALEX M JR. 4841 NW TENTH TERRACE FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Applicable) 2801 OAK TREE DRIVE	
				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  (NOTE: Registered Agent's name and title required)					
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		D		☐ Delete	
NAME		STEWART, ALEX M JR			
STREET ADDRESS		4841 NW TENTH TERRACE			
CITY-ST-ZIP		FORT LAUDERDALE, FL 33309			
TITLE		D		☐ Delete	
NAME		STEWART, JOYCE			
STREET ADDRESS		4841 NW TENTH TERRACE			
CITY-ST-ZIP		FORT LAUDERDALE, FL 33309			
TITLE		D		☒ Delete	
NAME		NICKERSON, JOSEPH			
STREET ADDRESS		6651 SW 26 STREET			
CITY-ST-ZIP		MIRAMAR, FL 33025			
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:				4-11-2003 9543590087	
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR				Date	

CPREC34 (10/02)