

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90099 012 ***150.00

0002954 AV

DOCUMENT # P94000059385

1. Entity Name

ORACLE AVIATION CORPORATION

Principal Place of Business

Mailing Address

**1010 AIRPORT ROAD
FERNANDINA BEACH FL 32034**

**1010 AIRPORT ROAD
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

996 OCEAN BLUFF DR

996 OCEAN BLUFF DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FERNANDINA BEACH, FL

FERNANDINA BEACH, FL

Zip

Country

Zip

Country

32034

USA

32034

USA

4. FEI Number

59-3267080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANOLD, TINA P
996 OCEAN BLUFF DR
FERNANDINA BEACH FL 32034**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HANOLD, R C FREDERI**
STREET ADDRESS **996 OCEAN BLUFF DR**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PVST** ☐ Delete
NAME **HANOLD, TINA P**
STREET ADDRESS **996 OCEAN BLUFF DR**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☐ Delete
NAME **HANOLD, TINA P**
STREET ADDRESS **996 OCEAN BLUFF DR**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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: *Patricia Hanold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

Patricia Hanold, Pres. 4-1-02 904/277-0835

CR2E034 (9/01)