

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91903 040 ***150.00

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DOCUMENT # P94000059385

1. Entity Name

ORACLE AVIATION CORPORATION



Principal Place of Business
996 OCEAN BLUFF DR.
FERNANDINA BEACH FL 32034

Mailing Address
996 OCEAN BLUFF DR.
FERNANDINA BEACH FL 32034

2. Principal Place of Business

1589 Park Ave

Suite, Apt. #, etc.

3. Mailing Address

1589 Park Ave.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Fernandina Beach, FL

City & State

Fernandina Beach, FL

4. FEI Number

59-3267080

Applied For

Not Applicable

Zip

32034

Country

USA

Zip

32034

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANOLD, TINA P

996 OCEAN BLUFF DR

FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

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

1589 Park Ave

City

Fernandina Beach FL

Zip Code

32034

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

Tina Patricia Hanold *Tina Patricia Hanold* *5/1/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Tina Patricia Hanold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

904/491-5435

Daytime Phone #

CR2E034 (10/02)