

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90236 028 \*\*\*150.00

0255526

**DOCUMENT # P94000065748**

1. Entity Name

**NORTHSTAR AVIATION SERVICES, INC.**

Principal Place of Business

Mailing Address

1100 LEE WAGENER BLVD  
 SUITE 310  
 FT LAUDERDALE FL 33315  
 US

1100 LEE WAGENER BLVD  
 SUITE 310  
 FT LAUDERDALE FL 33315  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0529069**

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

**CALLOWAY, JEROME A**  
**1100 LEE WAGENER BLVD**  
**SUITE 310**  
**FT LAUDERDALE FL 33315**

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, 2001 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	DP	DELETE	TITLE	CHANGE	ADDITION
NAME	<b>CALLOWAY, JEROME A</b>	<input type="checkbox"/>	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	<b>1100 LEE WAGENER BLVD STE 310</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jerome A. Calloway* **Jerome A. Calloway** **2/7/01** **359 3690**

Date

Daytime Phone #

CR2E034 (10/00)