

03-24-2003 91018 030 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000065748
 1. Entity Name
NORTHSTAR AVIATION SERVICES, INC.



| | |
|---|---|
| Principal Place of Business 1100 LEE WAGENER BLVD SUITE 310 FT LAUDERDALE, FL 33315 US | Mailing Address 1100 LEE WAGENER BLVD SUITE 310 FT LAUDERDALE, FL 33315 US |
|---|---|

| | |
|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 10033 NW 13 COURT Suite, Apt. #, etc. |
|---|--|



CHECK HERE IF MAKING CHANGES

| | | |
|-------------------------------------|-----------------------------|--|
| City & State PLANTATION, FLORIDA | 4. FEI Number 65-0529069 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33322 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent CALLOWAY, JEROME A 1100 LEE WAGENER BLVD SUITE 310 FT LAUDERDALE, FL 33316 | 7. Name and Address of New Registered Agent Name CALLOWAY, JEROME A. Street Address (P.O. Box Number is Not Acceptable) 10033 NW 13 COURT City PLANTATION FL Zip Code 33322 |
|--|--|

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: *J. Calloway*
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 NAME STREET ADDRESS CITY-ST-ZIP | DP CALLOWAY, JEROME A 1100 LEE WAGENER BLVD STE 310 FT LAUDERDALE, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| *11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CALLOWAY, JEROME A. 10033 NW 13 COURT PLANTATION, FLORIDA 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *J. Calloway*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____

CR2E034 (1/0/02)