

FILED
Mar 24, 2003 8:00 am
Secretary of State

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 Mailing Address
 1100 LEE WAGENER BLVD 1100 LEE WAGENER BLVD
 SUITE 310 SUITE 310
 FT LAUDERDALE, FL 33315 US FT LAUDERDALE, FL 33315 US

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

City & State City & State
 PLANTATION, FLORIDA
 Zip Country Zip Country
 33322 USA 33322 USA



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
65-0529069 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 33316

Name
CALLOWAY, JEROME A.
 Street Address (P.O. Box Number is Not Acceptable)
 10033 NW 13 COURT
 City State Zip Code
 PLANTATION FL 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		*11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP CALLOWAY, JEROME A 1100 LEE WAGENER BLVD STE 310 FT LAUDERDALE, FL	TITLE	DP CALLOWAY, JEROME A. 10033 NW 13 COURT PLANTATION, FLORIDA 33322
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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)