

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90164 035 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P94000071834**

1. Entity Name

Helicopter Services of Orlando, Inc.

Principal Place of Business

Mailing Address

5519 W. Hwy 192
 Kissimmee, Fl. 34746
 US

5519 W. Hwy 192
 Kissimmee, Fl. 34746
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3276411

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Violette, Richard T. Jr.
 109 Sisso Cove.
 Winter Springs, Fl. 32708

7. Name and Address of New Registered Agent

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 this is applicable

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and effects 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 ☐ Delete
 NAME PT
 STREET ADDRESS Violette, Richard T.
 CITY-ST-ZIP 109 Sisso Cove.
 Winter Springs, Fl. 32708

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

TITLE ☐ Delete
 NAME VPS
 STREET ADDRESS Violette, Sherri
 CITY-ST-ZIP 109 Sisso Cove.
 Winter Springs, Fl. 32708

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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(2)(b), 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:

Richard T. Violette Jr.

4/24/01

407 397-0226

CR2E034 (1/01)