

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000001650

Entity Name: SKY KING AVIATION, INC.

FILED
Jan 17, 2002 8:00 AM
Secretary of State

Current Principal Place of Business:

130 ST LUCIE LANE
STUART, FL 34994 US

New Principal Place of Business:

5617 MACALLAN DRIVE
TAMPA, FL 33625 US

Current Mailing Address:

130 ST LUCIE LANE
STUART, FL 34994 US

New Mailing Address:

5617 MACALLAN DRIVE
TAMPA, FL 33625 US

FEI Number: 65-0551183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, BARBARA
130 ST LUCIE LANE
STUART, FL 34994 US

Name and Address of New Registered Agent:

PEREZ, BARBARA
5617 MACALLAN DRIVE
TAMPA, FL 33625 US

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:

01/17/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ, GARY A
Address: 130 ST LUCIE LANE
City-St-Zip: STUART, FL

Title: VPST () Delete
Name: PEREZ, BARBARA
Address: 130 ST LUCIE LANE
City-St-Zip: STUART, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ, GARY A
Address: 5617 MACALLAN DRIVE
City-St-Zip: TAMPA, FL 33625

Title: VPST (X) Change () Addition
Name: PEREZ, BARBARA
Address: 5617 MACALLAN DRIVE
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A PEREZ

PD

01/17/2002

Electronic Signature of Signing Officer or Director

Date