

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020470

1. Entity Name

EUROPA AVIATION, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90235 017 ***158.75

Principal Place of Business

3925 AERO PLACE
LAKELAND FL 33811
US

Mailing Address

3925 AERO PLACE
LAKELAND FL 33811
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

59-3304213

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

~~BERUBE, ROBERT G~~
~~3925 AERO PLACE~~
~~LAKELAND FL 33811~~

Name Robert Anderson

Street Address (P.O. Box Number is Not Acceptable)

3925 Aero Place

City Lakeland

FL Zip Code 33811

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

Robert Anderson

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

31 MAR '01

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 PST ☒ Delete
NAME SHAW, IVAN
STREET ADDRESS SUNNYSIDE HOUSE, HUTTON/LEHOLE
CITY-ST-ZIP YORK, ENGLAND YO66UD

TITLE PST ☒ Change ☐ Addition
NAME Wilson, Keith
STREET ADDRESS 15 Wheatfield Dr
CITY-ST-ZIP Ramsey-in-Cambridgeshire, England

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PE261SH ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

3/31/01 863-647-5355

CR2E034 (10/00)