55/1.

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2000 8:00 am
Secretary of State
05-01-2000 90379 008 ***150.00

DOCUMENT # P95000021764

1. Entity Name
BLUE ANGEL AVIATION, INC.

Principal Place of Business	Mailing Address
EXECUTIVE PLAZA DRIVE FL 32504	2401 EXECUTIVE PLAZA DRIVE #8A PENSACOLA FL 32504-8275

DO NOT WRITE IN THIS SPACE

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 59-3315416 — Applied For / Not Applicable

5. ~~Certificate of Status Desired~~ ☐ $8.75 Additional ~~Fee Required~~

6. Name and Address of Current Registered Agent
WEBB CONSULTANT & CPA
~~2401 EXECUTIVE PLAZA DR~~
~~SUITE 2~~
PENSACOLA FL ~~3504~~ 32504

7. Name and Address of New Registered Agent
Name: Norman K Webb dba
Street Address (P.O. Box Number is Not Acceptable): 4155 C Spanish Trail
Suite One
City: Pensacola FL Zip Code 32504

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAESSENS, CLAYTON	NAME	
STREET ADDRESS	2401 EXECUTIVE PLAZA DRIVE, #8A	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	CITY-ST-ZIP	
TITLE	DPS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAESSENS, PATRICIA L	NAME	
STREET ADDRESS	2401 EXECTIVE PLAZA DRIVE, #8A	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ______________________ 4/29/2000 850-478-7132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)