

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90276 038 \*\*\*150.00

FORM 60000000

**DOCUMENT #** P95000022037

1. Entity Name  
**AERIAL FIVE, INC.**



Principal Place of Business  
7501 PEMBROKE ROAD  
HOLLYWOOD FL 33023

Mailing Address  
7501 PEMBROKE ROAD  
HOLLYWOOD FL 33023

**11018613**



2. Principal Place of Business  
**1600 EAST AIRPORT ROAD**

3. Mailing Address  
**1600 EAST AIRPORT ROAD**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**PEMBROKE PINES, FL**

City & State  
**PEMBROKE PINES, FL**

Zip  
**33023**

Country  
**USA**

Zip  
**33023**

Country  
**USA**

4. FEI Number  
**65-0586942**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BUTLER, JAMES L**  
**7501 PEMBROKE ROAD**  
**HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name  
**JAMES L. BUTLER**

Street Address (P.O. Box Number is Not Acceptable)  
**1600 EAST AIRPORT ROAD**

City  
**PEMBROKE PINES** FL Zip Code  
**33023**

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:  **JAMES L. BUTLER** DATE: **4/25/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BUTLER, JAMES L 7501 PEMBROKE RD HOLLYWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BUTLER, JAMES L. 1600 EAST AIRPORT ROAD PEMBROKE PINES, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **JAMES L. BUTLER** DATE: **4/25/03** DAYTIME PHONE #: **954-989-2086**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)