2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028600 1. Entity Name H.M.C. AVIATION, INC.				Jan 30, 2002 8:00 am Secretary of State 01-30-2002 90121 030 ***150.00				
104 RIVERSID	ee of Business E DRIVE A BEACH FL 32168	Mailing Address P.O. BOX 770 NEW SMYRNA BEACH FL 32170 US						
2. Principal Place of Business		3. Mailing Address		-			041 40 11 1 34 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4 . F	FEI Number 59-3311614		oplied For ot Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Ro	egistered Agent		7. N	Name and Address of New Registere	d Agent		
PALMETTO CHARTER SERVICE, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32114			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)				
			City			Zip Cod	e	
Tax filing ((See crite)	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 2003 Make Check Payable	Registered Agent signature requirements FEE IS \$150.00 2 Fee will be \$550.00 e to Department of St	ate	Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	0 May Be	
11.	OFFICERS AND D		12.	AD	DITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HIGGINBOTHAM, DENNIS D 104 RIVERSIDE DRIVE NEW SMYRNA BEACH FL 32168	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	Addition	
13. I hereby of indicated of the corrichanged.	certify that the information supplied with the on this report or supplemental leport is treporation or the receiver or trustee empower or on an attachment with a feddress, with	nis filing does not qualify for to ue and accurate and that my ered to execute this report a thall other like a spowered.	the exemption stated in 5 y signature shall have the s required by Chapter 6	Section same l 07, Flori	119.07(3)(i), Florida Statutes. I further o legal effect as if made under oath; that da Statutes; and that my name appear	certify that the in I I am an officer is in Block 11 or	or director Block 12 if	

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNARD OFFICER OR DIRECTOR

1-14-02

386-427-1444

Daytime Phone