


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90124 047 \*\*\*150.00

**DOCUMENT #** P95000033302

1. Entity Name  
**DESK TOP AVIATION, INC.**



Principal Place of Business  
1585 AVIATION CTR PKWY  
HANGER 3  
DAYTONA BEACH FL 32114

Mailing Address  
P O BOX 11781  
DAYTONA BEACH FL 32120



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**810 JIMMY ANN DRIVE**

3. Mailing Address  
Suite, Apt. #, etc.  
**9055**

City & State  
**DAYTONA BEACH FL.**

City & State

4. FEI Number **59-3306087** Applied For  
Not Applicable

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

Zip **32117** Country **USA**

6. Name and Address of Current Registered Agent

**HORNE, STEVEN J**  
**106 WILLETT WAY**  
**DAYTONA BEACH FL 32119**

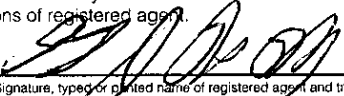
7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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  DATE **3/3/03**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC HORNE, STEVEN J 106 WILLETT WAY DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HORNE, RUSSELL 3105 SUNRISE DRIVE HUBERTUS WI 53033 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

03140303 AVI

CR2E034 (10/02)