

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90104 031 \*\*\*150.00

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**DOCUMENT # P95000041665**

1. Entity Name  
**MACH - II AVIATION, INC.**



Principal Place of Business  
**3110 FALKENBURG ROAD  
TAMPA FL 33619**

Mailing Address  
**3110 FALKENBURG ROAD  
TAMPA FL 33619**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3347127**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HOLMICH, WALTER  
3110 FALKENBURG RD.  
TAMPA FL 33619**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

**PSTD  
HOLMICH, WALTER  
3110 FALKENBURG ROAD  
TAMPA FL 33619**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

**V  
HOLMICH, SANDY  
3110 FALKENBURG ROAD  
TAMPA FL 33619**

☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Walter Holmich* 9/9/03 813-626-1820

Date

Daytime Phone #

CR2E034 (4/03)

3110 Falkenburg Rd  
Tampa, FL 33619

# Octofoil Systems, Inc.

September 9, 2003

Florida Dept of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-0327

Dear Sirs:

Enclosed is the renewal for Mach II – Aviation, Inc. for \$150.00. I have several corporations that I should have received your renewal and report form back in the spring of 2003. Instead, the first renewal form I received was the enclosed form showing that I owe the \$150.00 plus a penalty of \$400.00.

We respectfully request that the \$400.00 penalty be waived due to the fact we did not receive the first billing and report form from your office.

We may not have been looking for this form this past year, but I guarantee you that in the future, we will call your department by mid-April each year if we do not receive future billing & report forms.

Sincerely,

Walter Holmich