

2001 UNIFORM BUSINESS REPORT

DOCUMENT # P95000046782

1. Entity Name
GPR AVIATION, INC.

Principal Place of Business
1885 W. COMMERCIAL
SUITE #120
FT. LAUDERDALE FL 33309

Mailing Address
1885 W. COMMERCIAL
SUITE #120
FT. LAUDERDALE FL 33309

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-14-2001 90207 034 ****61.25
06-20-2001 90016 040 ****88.75

CUU71311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1835 S. PERIMETER RD
SUITE, Apt. #, etc.
#120

3. Mailing Address

SUITE, Apt. #, etc.
Same

City & State

FL. LAUD FL
33309 USA

City & State

Zip Country
33309 USA

4. FEI Number 65-0632947

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

ROSS, PATRICIA F
1885 W COMMERCIAL
SUITE #120
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name Patricia Ross
Street Address (P.O. Box Number is Not Acceptable)
1835 South Perimeter Rd
#120
City FL. LAUD FL Zip Code 33309

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 Patricia Ross

(NOTE: Registered Agent signature required when reinstating)

4/29/01
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, 2001 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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	ROSS, GARY J	
STREET ADDRESS	2534 GOLFVIEW DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	FAY, JOHN M III	
STREET ADDRESS	4170 PALMETTO TRAIL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY J. ROSS	
STREET ADDRESS	1835 S. PERIMETER RD	
CITY-ST-ZIP	FL. LAUD FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Gary J. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/01
Date Daytime Phone #

CR2E034 (10/00)