## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P95000051856

Entity Name: LLOYD HELICOPTERS, INC.

FILED Apr 01, 2003 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
P.O. BOX PEMBROI	260879 KE PINES, FL	33026		
Current Mailing Address:		New Mailing Address:		
P.O. BOX PEMBROI	260879 KE PINES, FL	33026		
FEI Number	r: 65-0607836	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
	LANCE P CPA NIVERSITY DR . 33329 US	₹#601		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida. * RE:	submits this statement for the notes of the notes of Registered Ag		ed office or registered agent, or both,  Date
in the Stat SIGNATU	e of Florida.  RE: Electro			
in the Stat SIGNATU Election Ca	e of Florida.  RE: Electro	nic Signature of Registered Ag	ent	Date
in the Stat SIGNATU  Election Ca OFFICER Title: Name: Address:	e of Florida.  RE: Electro  mpaign Financin S AND DIREC  DPTS ( LLOYD, CHRIS P.O. BOX 2606	nic Signature of Registered Ag  g Trust Fund Contribution ( ).  CTORS:  ) Delete  STOPHER C	ent	Date
in the Stat SIGNATU Election Ca	mpaign Financin S AND DIRECT  DPTS ( LLOYD, CHRIS P.O. BOX 2606 PEMBROKE P  V ( LLOYD, TERR P.O. BOX 2606	nic Signature of Registered Age of Trust Fund Contribution ( ).  CTORS:  ) Delete  STOPHER C  879 N/A  INES, FL 33026  ) Delete  ENCE P	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS LLOYD DPTS 04/01/2003