

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000042707**

1. Entity Name

AV AVIATION CORPORATION**FILED**
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90286 028 ***150.00

Principal Place of Business

Mailing Address

**13731 N. NEBRASKA AVE.
TAMPA FL 33613****P.O. BOX 1128
LUTZ FL 33548-1128**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1150**P.O. Box 1150**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lutz FLCity & State
Lutz, FL4. FEI Number **59-2567863**

Applied For

Not Applicable

Zip
33548-1150Country
USAZip
33548-1150Country
USA Hillsborough5. 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

**VOELKER, DAN
6202 E HILLSBOROUGH AVE
TAMPA FL 33610**

Name

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

6202 E. Hillsborough Ave

City

Tampa

FL

Zip Code
33610

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
VOELKER, DAVID J
P.O. BOX 43 N/A
LUTZ FL 33549** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. VOELKER

Date

4-28-00

Daytime Phone #

813-948-3335