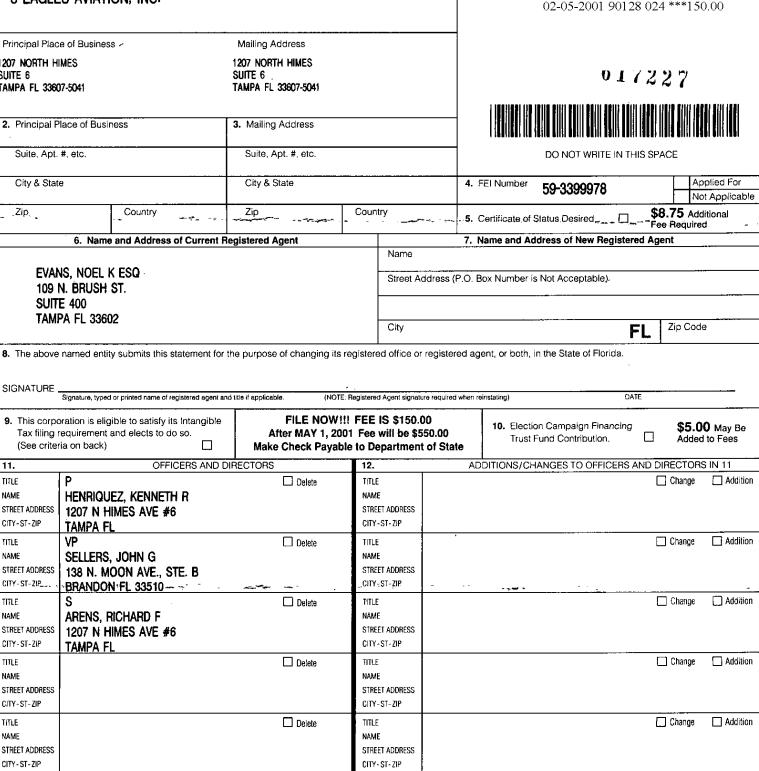
FILED Feb 05, 2001 8:00 am Secretary of State 02-05-2001 90128 024 ***150.00



I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

2001, UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1207 NORTH HIMES

TAMPA FL 33607-5041

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

□ Delete

□ Delete

☐ Delete

☐ Delete

Name

City

SUITE 6

DOCUMENT # P96000071675

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

3 EAGLES AVIATION, INC.

Principal Place of Business -

2. Principal Place of Business

EVANS, NOEL K ESQ -

9. This corporation is eligible to satisfy its Intangible

HENRIQUEZ, KENNETH R

138 N. MOON AVE., STE. B

BRANDON:FL 33510 -- --

1207 N HIMES AVE #6

SELLERS, JOHN G

ARENS, RICHARD F

1207 N HIMES AVE #6

Tax filing requirement and elects to do so.

TAMPA FL

TAMPA FL

VΡ

109 N. BRUSH ST. SUITE 400 TAMPA FL 33602

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

(See criteria on back)

1207 NORTH HIMES

TAMPA FL 33607-5041

SUITE 6

Change

☐ Addition