## 2001 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

I hereby certify that the informatindicated on this report or supplied of the corporation or the receiver changed, or on an attachment with the corporation.

SIGNATURE:

## **FILED** Jan 20, 2001 8:00 am DOCUMENT # P96000099923 Secretary of State BUZ HEUCHAN AERIAL PHOTOS, INC. 01-20-2001 90014 048 \*\*\*150.00 Principal Place of Business Mailing Address 1000 N. HERCULES 1000 N. HERCULES HANGAR #B-2 HANGAR #B-2 CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3416037 Applied For Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEUCHAN, D.F. JR Street Address (P.O. Box Number is Not Acceptable) 2040 N.E. COACHMAN ROAD CLEARWATER FL 84625-Zip Code City F١ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition CR2E034 (10/00 TITLE ☐ Defete TITI F HEUCHAN, D.F. JR NAME NAME STREET ADDRESS 1000 N. HERCULES HANGAR B-2 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33765 CITY-ST-ZIP ☐ Addition ☐ Change TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7IP ☐ Change ☐ Addition Deleté TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS

CITY-ST-7IP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 wereal to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #