

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009935

1. Entity Name

AERIAL ADVENTURES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90226 021 ***150.00

Principal Place of Business

Mailing Address

16231 OWASCO CIRCLE
DAVIE FL 33331

16231 OWASCO CIRCLE
DAVIE FL 33331-2102

2. Principal Place of Business

2432 SW 132ND WAY

3. Mailing Address

2432 SW 132ND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

65-0731335

Applied For

Not Applicable

Zip

Country

33325-5141

USA

Zip

33325-5141

Country

USA

5. 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

SPENCER, MICHAEL
16231 OWASCO CIRCLE
DAVIE FL 33331

Name

SPENCER, MICHAEL G. SR.

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

2432 SW 132ND WAY

City

DAVIE

FL

Zip Code

33325-5141

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

01/11/2000

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 PSD
NAME SPENCER, MICHAEL
STREET ADDRESS 16231 OWASCO CIRCLE
CITY-ST-ZIP DAVIE FL 33331

Delete

TITLE PSD
NAME SPENCER, MICHAEL G. SR.
STREET ADDRESS 2432 SW 132ND WAY
CITY-ST-ZIP DAVIE FL 33325-5141

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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

SPENCER, MICHAEL G. SR.

Date

Daytime Phone #

01/11/2000

954-577-1914

CR2E034 (9/99)