2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000047838**

1. Entity Name

GULE COAST ROTORCRAFT, INC.

FILED Jan 25, 2000 8:00 am Secretary of State

| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | 01-2 | 25-2000 9006 | 3 047 ** | **150.00 | |
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| Signature Country Signature Signat | City & State | | City & State | | 4. F | El Number | 59-3450340 |) | | |
| HAYNES, ROBERT A JR 4931 STAR AVENUE PANAMA CITY FL 32404 6. 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 9. This corporation is elligible to satisfy its intanglicie Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. PAYNES, ROBERT A JR MAKE STREET ADDRESS OITY-ST-2P HAYNES, SUSAN I STREET ADDRESS OITY-ST-2P Detele TITLE NAME STREET ADDRESS OITY-ST-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Addition Addition Addition Addition TITLE NAME STREET ADDRESS OITY-ST-2P OITY-ST-2P Addition OITY-ST-2P Addition TITLE NAME STREET ADDRESS OITY-ST-2P Addition OITY-ST-2P ADDRESS O | Zip | Country | Zip | Country | 5. (| Certificate of | Status Desired | | \$8.75 A | dditional |
| HAYNES, ROBERT A JR 4931 STAR AVENUE PANAMA CITY FL 32404 6. 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 Signat | | 6. Name and Address of Current | Registered Agent | | 7. N | lame and Ad | dress of New R | egistered | Agent | |
| 4931 STAR AVENUE PANAMA CITY FL 32404 City City FL Zip Code 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 primac dame of registered agent and 100 at 8 applicable. P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This primate and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS ST21 FRANK HOUGH RD OITY-ST-ZP HAYNES, SUSAN I SIREET ADDRESS CITY-ST-ZP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZP Delete TITLE C Delete TITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE TIT | | | | Name | | | | | | - |
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| 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 Signature. Typed or printed name of registered apert and title it applicable. (NOTE: Registered Apert signature equired when reintaling) 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME HAYNES, ROBERT A JR STREET ADDRESS 5721 FRANK HOUGH RD CITY-ST-2P TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-2P | | | | City | | | | FL | Zip Co | ode |
| Signature, typed or primed, name of regulated agence and Use it applicable. (NOTE: Regulated Appet signature required when receivable requirement and selects to do so | 8. The above | named entity submits this statement fo | r the purpose of changing its req | gistered office or regis | tered age | ent, or both, i | in the State of Flo | rida. | (| |
| Tax filing requirement and elects to do so. (See criteria on back) Atter MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Title P HAYNES, ROBERT A JR SIREET ADDRESS GITY-ST-ZIP HAYNES, SUSAN I STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP | SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable, (NOTE: Re | egistered Agent signature requ | lired when rei | instaling) | | DATE | | |
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| CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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 | | portify that the information assumpted with | this filing does not qualify for th | | Saction 1 | 110 07/21/0 | Elorida Statutos I | further co | rtify that the | |

indicated on fils 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 otherlike empowered.