

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90382 032 \*\*\*150.00

**DOCUMENT # P97000062215**

1. Entity Name

**DANVILLE AVIATION SERVICES, INC.**

Principal Place of Business

**2811 SOUTHWEST 70TH AVE.  
MIAMI FL 33155**

Mailing Address

**2811 SOUTHWEST 70TH AVE.  
MIAMI FL 33155-2801**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**65-0230402**

Applied F

Not App

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHELDON, DANA C  
2811 S.W. 70 AVENUE  
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

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

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 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  
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRA  
SHELDON, DANA C  
2811 S.W. 70TH AVENUE  
MIAMI FL 33155** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐TITLE  
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CITY-ST-ZIP ☐ Change ☐TITLE  
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CITY-ST-ZIP ☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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 602, Florida Statutes; and that my name appears in Block 11 or Block 12, 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

**Dana C. Sheldon - President**

Date

Daytime Phone #

**2/1/00**