

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090573

1. Entity Name

SEAGULL AVIATION SUPPORT, INC.

FILED
Jun 27, 2000 8:00 am
Secretary of State

06-27-2000 90005 044 ***550.00

Principal Place of Business

3872 ST. LUCIE BLVD.
 FT. PIERCE FL 34946

Mailing Address

3800 ST LUCIE BLVD
 OFFICE BLDG
 FT PIERCE FL 34946-9022

2. Principal Place of Business

3. Mailing Address

3872 ST. LUCIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 FT. PIERCE, FL

4. FEI Number

65-0791013

Applied For

Not Applicable

Zip

Country

Zip

34946

Country

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

Name

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

City

FL

Zip Code

HICKS, GARY L
 5096 MARGARET ANN LANE
 FT PIERCE FL 34946

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 Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 HICKS, GARY L
 5096 MARGARET ANN LANE
 FT PIERCE FL 34946 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VICE PRESIDENT
 LUTHER H. HICKS
 8775 20TH STREET #67
 VERO BEACH, FL 32966 ☐ 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
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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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 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:

GARY L. HICKS
 GARY L. HICKS

6/11/2000 (561) 461-4414
 Date Daytime Phone #