

DOCUMENT # P97000103574
1. Entity Name
SAUNDERS AVIATION, INC.

Principal Place of Business
135 BAY POINT DR.
ST. PETERSBURG FL 33704

Mailing Address
135 BAY POINT DR.
ST. PETERSBURG FL 33704

2. Principal Place of Business
Suite, Apt. #, etc.
6 Brightwaters Circle, N.E.
City & State
St. Petersburg, FL
Zip
33704
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
6 Brightwaters Circle, N.E.
City & State
St. Petersburg, FL
Zip
33704
Country
USA

6. Name and Address of Current Registered Agent
SAUNDERS, DON
135 BAY POINT DR.
ST. PETERSBURG FL 33704

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90011 030 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3494860
Applied For
Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAUNDERS, DON III 135 BAY POINT DR., NE ST PETERSBURG FL 33204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

1/5/01 727 898-9436
Date Daytime Phone #

CFR2034 (10/00)