## 2002 Uniform Business Report (UBR)

SIGNATURE: A

. 200	; 2 uniform busi	" Ness Repo	tao	(UBR)	FILED May 30, 2002 8:00 am Secretary of State
1. Entity Nar	MENT # P9800 AVIATION CORPORATION	0000651			04-15-2002 90008 005 ***150.00
310 WEST ( SUITE 7000	ce of Business CENTRAL PARKWAY E SPRINGS FL 32714	Mailing Address 310 WEST CENTRAL P. SUITE 7000 ALTAMONTE SPRINGS			
2. Principal I	Place of Business	3. Mailing Address			E TOBUIDAN THE IBLUS IBLUT BOTH BOTH BOHN BOHN BOHN BOHN BUT STARS THE HEALT TO BE
Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN THIS SPACE
City & Sta	1e	City & State	Dity & State		4. FEI Number 59-3488517 Applied For Not Applicable
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		Name	7. Name and Address of New Registered Agent
201 EAS SUITE 1	RD, GUY S ST PINE STREET 200 BO FL 32819		·~ \ -	Street Address (F	P.O. Box Number is Not Acceptable)
	O 1 E 32019			City	FL Zip Code
Tax filing	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW After May 1, 20 Make Check Payal	III FEE IS XX Fee W	ili be \$550.00	10. Election Campaign Financing \$5.00 May Be
11.	OFFICERS AND D	<del></del>	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKKELSON, WILLIAM M 310 WEST CENTRAL PARKWAY S ALTAMONTE SPRINGS FL 32714	TE 7000	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP	Change Addition 5.69
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET CITY-ST	ADDRESS . It-zip	☐ Change ☐ Addillon
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME 	ADD TASS	Change Addition
CITY-ST-ZIP			CHY-ST	I-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET CITY-ST	Address 1-Zip	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET /	address -Zip	☐ Change ☐ Addition
TITLE Name Street address City-St-Zip		Delete	TITLE NAME STREET A		☐ Change ☐ Addition
indicated of the corp	on this report or supplemental report is tru	ue and accurate and that me ared to execute this report	ny signature as required	e shall have the sa	tion 119.07(3)(i), Florida Statutes. I further certify that the information time legal effect as if made under cath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if

407.774.8818

attach # 33/00

P9800000065/

AKERMAN SENTERFITT

ATTORNEYS AT LAW

CITRUS CENTER

255 SOUTH ORANGE AVENUE

POST OFFICE BOX 231

ORLANDO, FLORIDA 32802-0231

PHONE (407) 843-7860 • FAX (407) 843-6610

http://www.akerman.com

May 16, 2002

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Liberty Aviation Corporation

Dear Sir or Madam:

Enclosed is your letter of April 18, 2002, regarding the filing of the annual report/uniform business report for Liberty Aviation Corporation and a request to have the new registered agent sign accepting the designation.

A change of registered agent was filed with your office on November 20, 2001, naming William M. Mikkelson as registered agent (copy enclosed) which was not reflected on the preprinted UBR. Mr. Mikkelson remains the registered agent for the corporation. No new registered agent has been named.

Please file the annual report/uniform business report. Thank you for your assistance. Please call me if you have any questions.

Very truly yours,

Jean M. Fisher

Corporate Paralegal

/jmf

Enclosures

OR396990;3

attack # 33 10 b

FROM: HOLLAND AND KNIGHT

DIVISION OF CORPORATIONS

FAX NO.: 4072445288



# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	submits the following statement in order to change its registered office or registered agent, or both, the State of Florida.
	1. The name of the corporation: LIBERTY AVIATION CORPORATION
	2. The mailing address of the corporation: 310 West Central Parkway, Suite 7000
	Altamonte Springs, Florida 32714
	3. Date of incorporation/qualification: 01/05/98 Document number: P98000000651
	4. The name and address of the current registered agent and office:
	Guy S. Haggard
	201 East Pine Street
	Orlando, Florida 32819
	5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
	William M. Mikkelson
	310 West Central Parkway, Suite 7000
	Altamonte Springs, Florida 32714
	The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
-	authorized by the board.  Michael III belocker
	(Signature of an officer, chairman or vice chairman of the board) (Date)
	William M. Mikkelson/President
	(Printed or typed name and title)
•	Having been named as registered agent and to accept service of process for the above stated corporation. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
	1 Ja. m. 40 m. 11.1
	(Signature of Registered Agent) (Date)
	If signing on behalf of an entity:
	William M. Mikkelen
	Director

P.O. Box 6327

TALLAHASSEE, FL 32314

### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

#### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000115722 0)))

Note: DO NOT bit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number

: (850)205-0380

From:

: HOLLAND & KNIGHT Account Name Account Number : 075350000340 Phone (407)425-8500 Fax Number : (407)244-528B

### REGISTERED AGENT CHANGE

LIBERTY AVIATION CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

https://ccfssl.dos.state.fl.us/scripts/efilcovr.exe

11/19/01