

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035444

1. Entity Name

THE AVIATION CONNECTION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90043 044 ***150.00

Principal Place of Business 2215 FLETCHERS POINT CIRCLE TAMPA FL 33613	Mailing Address 2250 WARRENDALE BAYNE RD BADEN PA 15005-2812
2. Principal Place of Business <i>2250 WARRENDALE BAYNE RD</i>	3. Mailing Address <i>2250 WARRENDALE BAYNE RD</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <i>TAMPA FL</i>	City & State <i>PA</i>	4. FEI Number 59-3515925	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <i>33613</i>	Country <i>USA</i>	Zip <i>15005</i>	Country <i>USA</i>
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BUNGO, CHRISTINE 2215 FLETCHERS POINT CIRCLE TAMPA FL 33613	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUNGE, CHRISTINE 2250 WARRENDALE BAYNE RD BADEN PA 15005 <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
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

Date

Daytime Phone #

CR2E034 (9/99)