2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State
07-09-2003 90040 017 ***750.00

0032853 AV

DOCUMENT # P98000043744

1. Entity Name
747 HELICOPTERS, INC.

Principal Place of Business	Mailing Address
~~3030 NE 44 STREET~~	~~3030 NE 44 STREET~~
~~LIGHTHOUSE POINT FL 33064~~	~~LIGHTHOUSE POINT FL 33064~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3050 NE 44th ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LIGHTHOUSE PT. FL	City & State SAME
Zip 33064 Country USA	Zip Country

4. FEI Number 65-0831560 ☐ Applied For ☐ Not Applicable

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
PALEY, GREGG M	Name SAME
~~350 FAIRWAY DR., STE. 101~~	Street Address (P.O. Box Number is Not Acceptable) 455 Fairway Dr. #104
~~DEERFIELD BEACH FL 33441~~	Deerfield Beach FL
	City FL Zip Code 33441

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 7/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLATH, ROBERT 3030 NE 44 STREET LIGHTHOUSE POINT FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] ROBERT V. PLATH 7/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
954 941 7[illegible]