

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
**3030 NE 44 STREET
LIGHTHOUSE POINT FL 33064**

Mailing Address
**3030 NE 44 STREET
LIGHTHOUSE POINT FL 33064**



2. Principal Place of Business
3050 NE 44th ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LIGHTHOUSE PT. FL

City & State **SAME**

Zip **33064** Country **USA**

Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0831560**

Applied For
Not Applicable

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

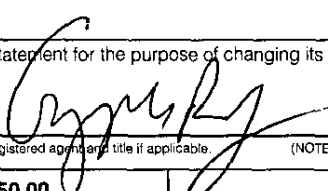
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALEY, GREGG M
350 FAIRWAY DR. STE 101
DEERFIELD BEACH FL 33441**

Name **SAME**
Street Address (P.O. Box Number is Not Acceptable) **455 Fairway Dr #101**
City **Deerfield Beach FL**

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

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 ☐ Delete
NAME **D PLATH, ROBERT**
STREET ADDRESS **3030 NE 44 STREET**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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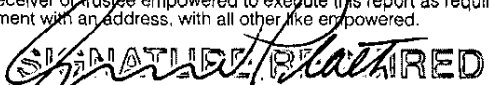
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT V. PLATH 7/1/03
Date Daytime Phone #

CR2E034 (4/03)