

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051133

1. Entity Name

LEGEND'S HELICOPTER SERVICE, INC.

Principal Place of Business

10632 S.E. 101ST COURT
CANDLER FL 32111

Mailing Address

107 NE 1 AVE
OCALA FL 34470-6655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34470-6661

4. FEI Number

59-3526421

Applied For

Not Applied For

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWNLEY, TIMOTHY J
10632 S.E. 101ST COURT
CANDLER FL 32111

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

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)

☐

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.

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\$5.00 May
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TOWNLEY, TIMOTHY J
STREET ADDRESS 10632 SE 101 ST CT
CITY-ST-ZIP CANDLER FL 32111

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy J Townley

TIMOTHY TOWNLEY

(352) 680-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #