## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

SIGNATURE AND TYPED OF

## May 19, 2002 8:00 am Secretary of State DOCUMENT # P99000004389 1. Entity Name 05-19-2002 90250 010 \*\*\*150.00 W.B. AVIATION, INC. Principal Place of Business Mailing Address 11212 FRONT BEACH ROAD 11212 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 3. Mailing Address 2. Principal Place of Business 119 Euclid Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3566453 Birmingham, Alabama Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required Jefferson 35213 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALTERS, ELIZABETH J Street Address (P.O. Box Number is Not Acceptable) 221 MCKENZIE AVENUE PANAMA CITY FL 32401 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BURNHAM, WESLEY L JR STREET ADDRESS STREET ADDRESS 11212 FRONT BEACH ROAD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL XX Change Addition ☐ Delete TITLE NAME NAME Green, Hubert GREEN, HUBERT STREET ADDRESS STREET ADDRESS P.O. BOX 28030 N/A P.O. Box 18198 CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL 32411 Panama City Beach, FL Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not coalify 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 dustee 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 others are empowered.

FILED

4-10-02 (205)819-7720
Date Davime Phone 4