2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P9900005482 **DOCUMENT #**

1. Entity Name

PEC HELICOPTER SERVICE, INC.



Apr 21, 2003 8:00 am Secretary of State

Principal Place of Business 505 S. FLAGLER DRIVE SUITE 1450			Mailing Address 505 S. FLAGLER DRIVE SUITE 1450								
WEST PALM BEACH FL 33401			WEST PALM BEACH FL 33401								
2. Principal Place of Business 90 LAKE DRIVE			3. Mailing Address 90 LAKE DRIVE			1 1881	:		iii 84 ;31 8 (iki 9130)		
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
	BEACH	SHORES, FL		rach 5h		-	4. FEI Num	ber 65-089	6859	N	oplied For ot Applicable
Zip 3341	04	Country 1	Zip 33404	Cou	ntry		5. Certificat	te of Status De	sired	\$8.75 Ad Fee Require	
		and Address of Current R			Name		7. Name an	d Address of	New Register	ed Agent	
BROWN, MARK R											
241 BRADLEY PLACE				Street Address (P.O. Box Number is Not Acceptable)				
PALM BEA	ACH FL 3348	0									
					City				F	Zip Cod	е
	named entity	submits this statement for red agent.	the purpose of ch	anging its register	red office or	registered	agent, or b	oth, in the State	e of Florida. I a	m familiar with,	and accept
	ŭ	voo aga									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00							9. E	lection Campa	ign Financing	\$5.0	0 May Be
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			State				Т	rust Fund Cont	ribution.		to Fees
10.		OFFICERS AND D		11.			ADDITIONS	S/CHANGES T	O OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME	DPT MURRAY, D	ICKRON E		elete TITI						Change	☐ Addition
	505 S. FLAG	GLER DR STE 1450			REET ADDRESS	90 L	AKET	DRIVE			(
CITY-ST-ZIP	<u> </u>	BEACH FL 33401			Y-ST-ZIP	Palm	Beach	h Shor	es, FL	<u> 33464</u>	
TITLE NAME	DS CHAUNCEY	JR, HARRISON K		elete TITE						∟ Change	☐ Addition
STREET ADDRESS	241 BRADLI	EY PLACE			REET ADDRESS						[
CITY-ST-ZIP	DC	CH FL 33480	- 🗆 :		Y-ST-ZIP					☐ Change	☐ Addition
NAME		JR. ALEXANDER W			LL						1.001.001
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CITY-ST-ZIP TITLE NAME	DVS DREYFOOS 505 S FLAG	BLER DRIVE STE 1450 A BEACH FL 33401	□ 0	STR CIT elete TITL NAA STR	VE I					33404 X Change	
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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 all address with a decrease of the proposered.

SIGNATURE: _

NING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)