FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

## Feb 11, 2002 8:00 am DOCUMENT # Secretary of State P99000021896 1. Entity Name 02-11-2002 90019 038 \*\*\*150 00 BIG SUN AVIATION, INC. Principal Place of Business Mailing Address 1205 N.W. 27TH AVE. 1205 N.W. 27TH AVE. oun51563: OCALA FL 34475 OCALA FL 34475 2. Principa'-Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0902394 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BULLARD, J W Street Address (P.O. Box Number is Not Acceptable) 121 N.W. THIRD ST. OCALA FL 34475 Zip Code 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. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete Change ☐ Addition TITLE NAME Boothby, William G NAME CR2E034 STREET ADDRESS 1205 N.W. 27TH AVE. STREET ADDRESS CITY-ST-ZIP **OCALA FL 34475** CITY-ST-ZIP TITLE TITLE □ Change ☐ Addition Delete NAME NAME BARNETT, RODNEY STREET ADDRESS STREET ADDRESS 17630 N.E. 37TH COURT CITY-ST-ZIP CITY-ST-ZIP CITRA FL 32113 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 if