

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90125 029 ***150.00

0303275

DOCUMENT # P99000023465

1. Entity Name

HELICOPTERS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~520 SILVER LANE~~
~~BOCA RATON FL 33432~~

~~520 SILVER LANE~~
~~BOCA RATON FL 33432~~

2. Principal Place of Business

3. Mailing Address

1000 Spanish River Rd
 Suite Apt. #, etc.
3U

1000 Spanish River Rd
 Suite Apt. #, etc.
3U



DO NOT WRITE IN THIS SPACE

City & State

City & State

BOCA RATON FL

BOCA RATON FL

4. FEI Number **65-0904785**

Applied For
 Not Applicable

33432

USA

33432

USA

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

NEDBOR, NIKKI J
2300 GLADES ROAD
SUITE 450 WEST
BOCA RATON FL 33431

Name *Lee C. Summers*

Street Address (P.O. Box Number is Not Acceptable)
4913 Sugar Pine Dr.

City *Boca Raton* FL Zip Code *33487*

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]

Lee C. Summers

1/4/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GOSS, S. DOUGLAS**
 STREET ADDRESS **520 SILVER LANE**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE *PRESIDENT* ☒ Change ☐ Addition
 NAME *S. DOUGLAS GOSS*
 STREET ADDRESS *1000 SPANISH RIVER ROAD 3U*
 CITY-ST-ZIP *BOCA RATON FL 33432*

TITLE **S/T** ☒ Delete
 NAME **MORGAN, PAMELA R**
 STREET ADDRESS **520 SILVER LANE**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **S/T** ☐ Change ☒ Addition
 NAME **CHRISTOPHER L. GOSS**
 STREET ADDRESS **911 DORSET ST. #21**
 CITY-ST-ZIP **SOUTH BURLINGTON VERMONT 05403**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

[Signature] *S. Douglas Goss* *1-4-01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-291-7008

CR2E034 (10/00)