

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036777

1. Entity Name

GMA AVIATION GROUP, INC.

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90409 036 ***150.00

Principal Place of Business

1722 DOUGLAS AVE.
DUNEDIN FL 34698

Mailing Address

1722 DOUGLAS AVE.
DUNEDIN FL 34698

00029565



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2406 Country Trails Dr
Suite, Apt. #, etc.

3. Mailing Address

2406 Country Trails Dr
Suite, Apt. #, etc.

City & State

Safety Harbor FL

City & State

Safety Harbor FL

Zip

34695

Country

Zip

34695

Country

4. FEI Number

59-3566314

Applied For

Not Applicable

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

CRAWFORD, SCOTT
1722 DOUGLAS AVE.
DUNEDIN FL 34698

Name

Scott Crawford

Street Address (P.O. Box Number is Not Acceptable)

2406 Country Trails Dr

City

Safety Harbor FL

Zip Code

34695

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, 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 ☐ Delete
NAME D
STREET ADDRESS CRAWFORD, SCOTT
CITY-ST-ZIP 1722 DOUGLAS AVE.
DUNEDIN FL 34698

TITLE ☒ Change ☐ Addition
NAME 2406 Country Trails Dr
STREET ADDRESS SAFETY HARBOR, FL
CITY-ST-ZIP 34695

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)