

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90086 033 ***150.00

DOCUMENT # P99000036777

1. Entity Name
GMA AVIATION GROUP, INC.

Principal Place of Business
2406 COUNTRY TRAILS DRIVE
SAFETY HARBOR FL 34695

Mailing Address
2406 COUNTRY TRAILS DRIVE
SAFETY HARBOR FL 34695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14609 Airport Pkwy
 Suite, Apt. #, etc.

3. Mailing Address
4623 LAKE VALENCIA BLVD W
 Suite, Apt. #, etc.

City & State
CLEARWATER FL
 Zip
33762
 Country
USA

City & State
PALM HARBOR FL
 Zip
34684
 Country
USA

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

CRAWFORD, SCOTT
2406 COUNTRY TRAILS DRIVE
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name **SCOTT CRAWFORD**
 Street Address (P.O. Box Number is Not Acceptable)
4623 LAKE VALENCIA BLVD W
 City **PALM HARBOR** **FL** Zip Code **34684**

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 **SCOTT CRAWFORD**
 Signature, typed or printed name of registered agent and title if applicable.

[Signature]
 (NOTE: Registered Agent signature required when reinstating)

01/24/02
 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, 2002, 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

TITLE **D** ☐ Delete
 NAME **CRAWFORD, SCOTT**
 STREET ADDRESS **2406 COUNTRY TRAILS DRIVE**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
 NAME **SCOTT M. CRAWFORD**
 STREET ADDRESS **4623 LAKE VALENCIA BLVD W**
 CITY-ST-ZIP **PALM HARBOR, FL 34684**

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

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

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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: **SCOTT M. CRAWFORD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/02 **727-539-6545**
 Date Daytime Phone #

0546428 AV

CR2E034 (9/01)