

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041602

1. Entity Name
HAT AVIATION, INC.

Principal Place of Business
1120-C BEVILLE RD.
DAYTONA BEACH FL 32114

Mailing Address
1120-C BEVILLE RD.
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

740 AIRPORT ROAD

Suite, Apt. #, etc.

740 AIRPORT ROAD

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip

32174

Country

U.S.A.

Zip

32174

Country

U.S.A.

6. Name and Address of Current Registered Agent

BARKIN, MARSHALL H
149P S. RIDGEWOOD AVE. STE. 710
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PRESIDENT	<input type="checkbox"/> Delete
NAME	JACK E. ARRAJTS	
STREET ADDRESS	311 JOHN ANDERSON DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	DAVID HENDERSON	
STREET ADDRESS	657 N. BEACH STREET	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	FRANK TODORA	
STREET ADDRESS	708 CARSWELL AVE.	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(JACK ARRAJTS)

7/17/00

904-677-5724

Date

Daytime Phone #

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90019 001 ***184.00

09-06-2000 90019 002 ***183.00

09-06-2000 90019 003 ***183.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3575022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/00)