

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000043011****1. Entity Name**
SUNDANCE AVIATION INC.**Principal Place of Business**

4620 E. MICHIGAN ST. PMB #120

ORLANDO
32812

FL

Mailing Address

4620 E. MICHIGAN ST. PMB #120

ORLANDO
32812

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**59-3572877**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMAHER ANGELA
3613 GATLIN PL. CIR.ORLANDO
32812

FL

US

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)

04/30/2000

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, 2000 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**T.TITLE TRES ☐ Change ☒ Addition
NAME MAHER ANGELA DTRES
STREET ADDRESS 4620 EAST MICHIGAN ST.
CITY-ST-ZIP ORLANDO FL 32812T.TITLE VP ☐ Change ☒ Addition
NAME MAHER ANGELA DVP
STREET ADDRESS 4620 EAST MICHIGAN ST. PMB 120
CITY-ST-ZIP ORLANDO FL 32812T.TITLE PRES ☐ Change ☒ Addition
NAME MAHER JOHN RPRES
STREET ADDRESS 4620 EAST MICHIGAN PMB 120
CITY-ST-ZIP ORLANDO FL 32812TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPT.TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPT.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:** John P. Maher

Proc. 04/30/2000