000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000057840 1. Entity Name 00 NOV 20 AM 9: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA HANGAR AVIATION, INC. Principal Place of Business Mailing Address 600 SOMERSHIRE COURT 600 SOMERSHIRE COURT ORLANDO FL 32805 ORLANDO FL 32805 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3587392 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) RICHARD GARVIS 600 SOMERSHIRE COURT ORLANDO FL 32805 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOWILI FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change Addition Delete TITLE DP TITLE 700003501087 NAME NAME RICHARD GARVIS -12/14/00--01023--010 STREET ADDRESS 600 SOMERSHIRE COURT STREET ADDRESS CITY - ST - ZIP ****150.00 ****150.00 CITY - ST - ZIP ORLANDO FL 32805 Change Addition Delete אַ תּת TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY - ST - ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE Change Addition TITLE NAME NAME

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 of supplemental report if true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receipter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE NAME

in Block 11 or Block 12 if change

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

STF FL32381F.1

CITY - ST - ZIP

TITLE

NAME

*PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

Markovitch And Associates



Enrolled to Practice I	Before IRS.
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Division of Corporations
Uniform Business Report Filings
P.O. Box 1500

Tallahassee, FL 32302-1500

-RE:—Hangar-Aviation, Inc.

--- Document # P99000057840

-FEI # 59-3587392

To Whom It May Concern:

Enclosed please find the 2000 Uniform Business Report for the abovereferenced taxpayer. Also enclosed is a check in the amount of \$150.00 for the filing fee.

The taxpayer did not receive the original Uniform Business Report or a Second Notice. The first contact the taxpayer has had is the Notice of Administrative Dissolution or Revocation. As this is the taxpayer's first full year in business, he was unaware of the need to file this form. Please accept the form and filing fee as filed. If you have any questions, please feel free to contact this office.

Sincerely,

Crystal Belden-

Administrative-Assistant

CB/cb

Enc.: 2000 UBR

Check