

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91163 015 ***550.00

DOCUMENT # P99000057947

1. Entity Name
BRYANT AVIATION SERVICES INC.

Principal Place of Business **Mailing Address**
4007 AIRPORT RD **4007 AIRPORT RD**
PLANT CITY FL 33567 **PLANT CITY FL 33567**

2. Principal Place of Business **3. Mailing Address**
1601 E. WHEELER RD **1601 E. WHEELER RD**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
SEFFNER, FL **SEFFNER, FL**
Zip **Country** **Zip** **Country**
33584 **U.S.A.** **33584** **U.S.A.**

4. FEI Number **59-3586540** **Applied For**
☒ **Not Applicable**

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

6. Name and Address of Current Registered Agent

MITCHELL, DAVID
4007 AIRPORT RD
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

Name **CURTIS R. BRYANT**
Street Address (P.O. Box Number is Not Acceptable)
1601 E. WHEELER RD SEFFNER, FL
City **SEFFNER, FL** **Zip Code** **33584**

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 *Curtis R. Bryant* **CURTIS R. BRYANT** **4/2/02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	BRYANT, CURTIS R	
STREET ADDRESS	1601 E WHEELER RD	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BRYANT, JOYCE E	
STREET ADDRESS	1601 E WHEELER RD	
CITY-ST-ZIP	SEFFNER, FL 33584	
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		
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: *Curtis R. Bryant* **CURTIS R. BRYANT** **4/2/02** **813-651-0844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)