

Feb 21, 2000 8:00 a
Secretary of State

02-21-2000 90044 009 ***150.00

DOCUMENT # P99000092251

Name

AVIATION, INC.

Place of Business

Mailing Address

BLVD.
HARBOR FL 346952410 HUNTINGTON BLVD.
SAFETY HARBOR FL 34695-5234

010046



DO NOT WRITE IN THIS SPACE

Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

State

City & State

4. FEI Number

59-3607181

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

I, the named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Corporation is eligible to satisfy its intangible
requirements and elects to do so.
(criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete D MUSTO, MICHAEL L 2410 HUNTINGTON BLVD. SAFETY HARBOR FL 34695	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-726-2242

Daytime Phone #

CR2E034 (9/99)