


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91440 002 \*\*\*158.75

DOCUMENT # <b>P99000097223</b>	
1. Entity Name <b>Bischo Aviation Services Inc</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1076 NW 53rd ST</b>	3. Mailing Address <b>1076 NW 53rd ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>FORT LAUDERDALE, FL</b>	City & State <b>FORT LAUDERDALE FL</b>	4. FEI Number <b>45-0960464</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33309</b>	Country <b>Broward</b>	Zip <b>33309</b>	Country <b>Broward</b>
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Suzanne Grace Bischo</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1076 NW 53rd Street</b>	
City <b>Fort Lauderdale</b>	FL Zip Code <b>33309</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <b>Suzanne Grace Bischo</b>	<b>Suzanne Grace Bischo</b>	<b>3-30-03</b>
<small>Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Andre Bischo</b> <b>President</b> <b>1076 NW 53rd Street</b> <b>Fort Lauderdale FL 33309</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: <b>J. Bischo</b>	<b>4-30-03</b>	<b>954-931-0183</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)