

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2001 08:00 AM
Secretary of State

DOCUMENT # S10256

1. Entity Name
PERNA AVIATION, INC.

Principal Place of Business 3650 CARDINAL BLVD. DAYTONA BEACH FL 32118	Mailing Address 3650 CARDINAL BLVD. DAYTONA BEACH FL 32118
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2. Principal Place of Business 3650 CARDINAL BLVD.	3. Mailing Address 3650 CARDINAL BLVD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State DAYTONA BEACH FL	City & State DAYTONA BEACH FL
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Zip 32127	Country	Zip 32127	Country
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4. FEI Number 59-2464797	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERNA, ANTHONY J.
3650 CARDINAL BLVD.

DAYTONA FL 32118

7. Name and Address of New Registered Agent

Name
PERNA, ANTHONY J.
 Street Address (P.O. Box Number is Not Acceptable)
3650 CARDINAL BLVD.

 City
DAYTONA FL Zip Code
32127

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 _____ **04/15/2001**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	ST PERNA, HELEN <input type="checkbox"/> Delete 1760 NW 94 AVE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERNA, ANTHONY J <input type="checkbox"/> Delete 3650 CARDINAL BLVD. DAYTONA BEACH FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERNA, HELEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3650 CARDINAL BLVD. DAYTONA BEACH FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERNA, ANTHONY J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3650 CARDINAL BLVD. DAYTONA BEACH FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Helen Perna **ST** **04/15/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)