

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
32118

FL

Mailing Address

3650 CARDINAL BLVD.

DAYTONA BEACH
32118

FL

2. Principal Place of Business

3650 CARDINAL BLVD.

3. Mailing Address

3650 CARDINAL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAYTONA BEACH

FL

City & State

DAYTONA BEACH

FL

Zip

32127

Country

Zip

32127

Country

4. FEI Number

59-2464797

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PERNA, ANTHONY J.
3650 CARDINAL BLVD.DAYTONA
32118

FL

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	ST	<input type="checkbox"/> Delete
NAME	PERNA, HELEN	
STREET ADDRESS	1760 NW 94 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PERNA, ANTHONY J	
STREET ADDRESS	3650 CARDINAL BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERNA, HELEN	
STREET ADDRESS	3650 CARDINAL BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32127	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERNA, ANTHONY J	
STREET ADDRESS	3650 CARDINAL BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32127	
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: Helen Perna

ST

04/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)