

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 29, 2002 8:00 am**  
**Secretary of State**

09-29-2002 90002 005 \*\*\*550.00

**DOCUMENT # S40094**

1. Entity Name  
**KNIGHT GENERAL AVIATION, INC.**

Principal Place of Business  
**7770 E PINTO COURT**  
**FLORAL CITY FL 34436**  
**US**

Mailing Address  
**7770 E PINTO COURT**  
**FLORAL CITY FL 34436**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8424 E. Zephyr Wing Crt**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8424 E. Zephyr Wing Crt**  
 Suite, Apt. #, etc.

City & State  
**Floral City, Florida**  
 Zip  
**34436** Country  
**U.S.A**

City & State  
**Floral City, Florida**  
 Zip  
**34436** Country  
**USA**

4. FEI Number  
**65-0253019**

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

**ALDERSON, PAMELA**  
**8600 E. PEACE VALLEY LANE**  
**FLORAL CITY FL 34436**

Name  
**Anthony P. Alderson**  
 Street Address (P.O. Box Number is Not Acceptable)

**8424 E. Zephyr Wing Crt.**  
 City  
**Floral City, FL** Zip Code  
**34436**

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   
 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  
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**DPT** ☐ Delete  
 NAME  
**ALDERSON, ANTHONY P.**  
 STREET ADDRESS  
**8600 E. PEACE VALLEY LANE**  
 CITY-ST-ZIP  
**FLORAL CITY FL**

TITLE  
**Same** ☒ Change ☐ Addition  
 NAME  
**Same**  
 STREET ADDRESS  
**8424 E. Zephyr Wing Crt**  
 CITY-ST-ZIP  
**Floral City, Fla. 34436**

TITLE  
**VPS** ☐ Delete  
 NAME  
**ALDERSON, PAMELA**  
 STREET ADDRESS  
**8600 E. PEACE VALLEY LANE**  
 CITY-ST-ZIP  
**FLORAL CITY FL**

TITLE  
**Same** ☒ Change ☐ Addition  
 NAME  
**Same**  
 STREET ADDRESS  
**8424 E. Zephyr Wing Crt**  
 CITY-ST-ZIP  
**Floral City, Fla 34436**

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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE: **Anthony P. Alderson** 09/02/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)