

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90002 013 ***550.00

DOCUMENT # S42642

1. Entity Name
CIRCLE L AVIATION CORPORATION

Principal Place of Business 100 ANCHOR DRIVE ORC 472 8 CANNON POINT DRIVE KEY LARGO FL 33037 US	Mailing Address P.O BOX 1056 LAKE GENEVA WI 53147 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0251916** 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

**OTZEN, KARL G.
 8 CANNON PT. DR.
 NORTH KEY LARGO FL 33037**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P OTZEN, KARL G. 2600 S FALL CREEK RD WILSON WY 83014	<input type="checkbox"/>		
V LAMMERS, GEORGE 1801 SEMINARY ALTON IL 62002	<input type="checkbox"/>		
ST PARKER, JR. D 354 FOREST DRIVE WILLIAMS BAY WI 53191	<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<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: *Signature of Donaco J. Parker, Jr.* Date: 7/17/00 Daytime Phone #: 262-248-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (5/00)