

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90019 033 ***150.00

03-79

DOCUMENT # S59331

1. Entity Name

SPORT HELICOPTERS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**10944 DENOEU ROAD
 BOYNTON BEACH FL 33437**

**10944 DENOEU ROAD
 BOYNTON BEACH FL 33437**

713587



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0579182**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**WOOD JR, GAYLORD A.
 304 SW 12TH ST
 FT LAUDERDALE FL 33315**

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 _____
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|---|
| TITLE | NAME | TITLE | NAME |
| PT | BURCH, JEFFREY D | | |
| STREET ADDRESS | 10944 DENOEU ROAD | | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | TITLE | NAME |
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| | <input type="checkbox"/> Delete | | <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: Jeff Burch **JEFF BURCH**

2-3-01 (561) 737-3777
 Date Daytime Phone #

CR2E034 (10/00)