

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90327 029 ***150.00

DOCUMENT # S86062

1. Entity Name

AVIATION SERVICE OF LAKE WALES, INC.



Principal Place of Business
460 AIRPORT RD
LAKE WALES FL 33853
US

Mailing Address
164 SO 40TH ST
SPRINGDALE AR 72762
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3095574**

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

ENGLES, LEAH
3606 HWY 92 E
#7
LAKELAND FL 33801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003, Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ENGLES, JOHN
164 SO 40TH ST
SPRINGDALE AR 72762

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ENGLES, LEAH
3606 HWY 92 E #7
LAKELAND FL 33801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ENGLES, BETSY
164 SO 40TH ST
SPRINGDALE AR 72762

☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed Name of Signing Officer or Director

7/8/03 479/751-4004

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

10109822
#S06002

July 8, 2003

Division of Corporations
State of Florida

Dear Sir,

This correspondence is to let you know that I failed to receive the first uniform business report sent out from your office. This copy was received only yesterday.

Enclosed is a check for 150.⁰⁰ I ask that you graciously make an exception.

Thank you,
Pete Engle Sec.
Aviation Service of Lt. Walter, Inc.