FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90138 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #V19093

1. Entity Name
NOSTALGIC AVIATION, INC.

10033296

Principal Place of Business
1160 LEXINGTON PARKWAY
APOPKA, FL 32712 US

Mailing Address
~~PO BOX 4292~~
~~APOPKA, FL 32704-4292 US~~
Delete

2. Principal Place of Business	3. Mailing Address
1160 Lexington Pkwy Suite, Apt. #, etc.	1160 Lexington Pkwy Suite, Apt. #, etc.
City & State: Apopka, FL	City & State: Apopka, FL
Zip: 32712 Country: USA	Zip: 32712 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3119460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, FELICIA
1160 LEXINGTON PARKWAY
APOPKA, FL 32712

7. Name and Address of New Registered Agent

Name: Gregory P. Wagner
Street Address (P.O. Box Number is Not Acceptable): 1160 Lexington Pkwy
City: Apopka, FL 32712 FL Zip Code: 32712

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: Gregory P. Wagner 3/3/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
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	PRES WAGNER, GREGORY P DR. 1160 LEXINGTON PARKWAY APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~WAGNER, FELICIA M.~~ ~~1160 LEXINGTON PARKWAY~~ ~~APOPKA, FL 32712~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Gregory P. Wagner 3/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #