

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90028 047 ***150.00

DOCUMENT # V63814

1. Entity Name

RELiance AVIATION - FORT LAUDERDALE, INC.

Principal Place of Business

240 SW 34 STREET
FT. LAUDERDALE FL 33315
US

Mailing Address

240 SW 34 STREET
FT. LAUDERDALE FL 33315
US

00022403



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 65-0356290

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

ALBURY, C. SCOTT
5330 NW 21ST AVE 240 SW 34 ST.
HANGER 59
FORT LAUDERDALE FL 33309 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 _____ (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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ALBURY, SCOTT C	
STREET ADDRESS	5330 NW 21ST AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES + DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	240 SW 34 ST	
CITY-ST-ZIP	33315	
TITLE	SECR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG A. BRUMFIELD	
STREET ADDRESS	240 SW 34 ST	
CITY-ST-ZIP	FT. LAUD, FL 33315	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIP H. CAMPBELL	
STREET ADDRESS	240 SW 34 ST	
CITY-ST-ZIP	FT. LAUD, FL 33315	
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIP T. GEORGE	
STREET ADDRESS	240 SW 34 ST	
CITY-ST-ZIP	FT. LAUD, FL 33315	
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES J. PINTO	
STREET ADDRESS	240 SW 34 ST	
CITY-ST-ZIP	FT. LAUD, FL 33315	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01 954 359 4200
Date Daytime Phone #

CR2E034 (10/00)