

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90052 017 ****61.25

DOCUMENT # N01000000287

1. Entity Name

MB AVIATION, INC.

Principal Place of Business

Mailing Address

**35050 DOLPHIN LAKE DR
 ZEPHYRHILLS FL 33541**

**35050 DOLPHIN LAKE DR
 ZEPHYRHILLS FL 33541**

1 0 1 9 8 4



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

59-3624851

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

**MOSES, DENNIS S
 35050 DOLPHIN LAKE DR
 ZEPHYRHILLS FL 33541**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PD MOSES, DENNIS S	35050 DOLPHIN LAKE DR	ZEPHYRHILLS FL 33541	<input type="checkbox"/>	<input type="checkbox"/>
	STO BURNETTE, ROBERT C	5330 BERNADETTE DR	ZEPHYRHILLS FL 33541	<input type="checkbox"/>	<input type="checkbox"/>
	D MOSES, KARYN M	35050 DOLPHIN LAKE DR	ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D BURNETTE, PATRICIA A	5330 BERNADETTE DR.	ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*V/D
 Paul F. March
 36536 Clinton Ave.
 Dade City, FL 33525*

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 617, 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: *Dennis S. Moses* 1/7/02 813-997-3378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)