

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018643

1. Entity Name  
GPS AERIAL SERVICES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90049 009 \*\*\*150.00

00000111



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
770 AIRPORT ROAD, SUITE 25      770 AIRPORT ROAD, SUITE 25  
ORMOND BEACH FL 32174      ORMOND BEACH FL 32174-8788  
US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3172130**      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**

**CREED, KENNETH M JR**  
770 AIRPORT ROAD, SUITE 25  
ORMOND BEACH FL 32174

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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CREED, KENNETH M JR</b>	
STREET ADDRESS	<b>220-8 LEMONTREE LANE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>POPE, ANDREW</b>	
STREET ADDRESS	<b>3973 LANCASHIRE LANE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CLARKE, TERESA M</b>	
STREET ADDRESS	<b>1135 LOBLOLLY LANE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL</b>	
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	<b>D/P/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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: Teresa M. Clarke      **TERESA M. CLARKE**      Date: **1-12-00**      Daytime Phone #: **904.677.8422**

CR2E034 (9/99)