

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 16, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000018643**

1. Entity Name  
**GPS AERIAL SERVICES, INC.**

Principal Place of Business 770 AIRPORT ROAD, SUITE 25  ORMOND BEACH FL 32174	Mailing Address 770 AIRPORT ROAD, SUITE 25  ORMOND BEACH US FL 32174
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>59-3172130</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CREED KENNETH MJR  
 770 AIRPORT ROAD, SUITE 25  
  
 ORMOND BEACH FL 32174

**7. Name and Address of New Registered Agent**

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 **04/16/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			
TITLE	S	<input type="checkbox"/> Delete	
NAME	CLARKE TERESA M		
STREET ADDRESS	1135 LOBLOLLY LANE		
CITY-ST-ZIP	PORT ORANGE FL		
TITLE	DPT	<input checked="" type="checkbox"/> Delete	
NAME	POPE ANDREW		
STREET ADDRESS	3973 LANCASHIRE LANE		
CITY-ST-ZIP	LONGWOOD FL 32779		
TITLE	D	<input type="checkbox"/> Delete	
NAME	CREED KENNETH MJR		
STREET ADDRESS	220-8 LEMONTREE LANE		
CITY-ST-ZIP	ORMOND BEACH FL 32174		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input 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			
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CREED KENNETH MJR		
STREET ADDRESS	770 AIRPORT ROAD, SUITE 25		
CITY-ST-ZIP	ORMOND BEACH FL 32174		
TITLE		<input 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			

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 **Sec** 04/16/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)