

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-09-2002 90034 010 ***150.00
F98000003804

FILED

02 MAY 28 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

851191

DOCUMENT # F 98 00000 3804

1. Entity Name

AIRCRAFT Tubular Components, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3939 Dow Road

Suite, Apt. #, etc.

3. Mailing Address

3939 Dow Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

11-3120031

Applied For

Not Applicable

Zip

32934

Country

Brevard

Zip

32934

Country

Brevard

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Simon, Jeffrey

Street Address (P.O. Box Number is Not Acceptable)

3939 Dow Road

City

Melbourne

FL

Zip Code

32934

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 CP
NAME Simon Rodney
STREET ADDRESS 3939 Dow Road
CITY-ST-ZIP Melbourne FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCVT
NAME Simon, Jeffrey
STREET ADDRESS 3939 Dow Road
CITY-ST-ZIP Melbourne FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME Simon, Robert
STREET ADDRESS 3939 Dow Road
CITY-ST-ZIP Melbourne FL 32934

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

321-757-9020

Daytime Phone #

CR2E034B (12/01)