

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90092 004 ***150.00

DOCUMENT # H79524

1. Entity Name
AVIATION FACILITIES, INC.

Principal Place of Business
12301 S.W. 132ND CT.
2132 SW 128TH AVE.
MIAMI FL 33186
US

Mailing Address
12301 SW 132RD CT
MIAMI FL 33186-6477
US

BU00639?



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1425 CHAFFEE DRIVE

3. Mailing Address
1425 CHAFFEE DRIVE

Suite, Apt. #, etc.
SUITE 4

Suite, Apt. #, etc.
SUITE 4

City & State
TITUSVILLE, FL

City & State
TITUSVILLE, FL

4. FEI Number **59-2633834** Applied For
 Not Applicable

Zip Country Zip Country
32780 USA 32780 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEWIS JR., JOHN C
2132 SW 128TH AVE.
MIAMI FL 33175

7. Name and Address of New Registered Agent
 Name
LEWIS, JR., JOHN C.
 Street Address (P.O. Box Number is Not Acceptable)
785 RIVER OAKS LANE
 City
MERRITT ISLAND, FL Zip Code
32953

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 *John C. Lewis* **JOHN C. LEWIS, JR., PRESIDENT** **01/13/00**
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)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JOHN C. 2132 S. WEST 128TH AVE. MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTD LEWIS, MARY K 2132 SW 128TH AVE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JOHN C., JR. 2132 S.W. 128TH AVE. MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mary K. Lewis* **MARY K. LEWIS** **01/13/00 (321) 385-0104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)