

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90006 005 ***150.00

DOCUMENT # K34895

1. Entity Name
AERO-TRANS CORP.

Principal Place of Business 7801 S.E. 58TH AVENUE P.O. BOX 1476 Ocala FL 34478-1476 US	Mailing Address 7801 S.E. 58TH AVENUE P.O. BOX 1476 Ocala FL 34478-1476 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6015 SW Hwy 200	3. Mailing Address
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc.
City & State Ocala FL	City & State

4. FEI Number **59-2909732** Applied For Not Applicable

Zip 34474	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LEEWARD, JAMES K.
 7801 S.E. 58TH AVENUE
 Ocala FL 34480**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1930 Clatterbridge Rd
 City **Ocala** FL Zip Code **34471**

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 *By: James K. Leeward Pres* DATE **4/6/00**
Signature, type 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEEWARD, DIRK 7801 SE 58TH AVENUE OCALA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEWARD, JAMES K. 7801 S.E. 58TH AVENUE OCALA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 1476 Ocala FL 34478-1476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O Box 1476 Ocala FL 34474-1476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: *By: James K. Leeward Pres* DATE **4/6/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)