2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900003834 1. Entity Name SANFORD-AERO INDUSTRIAL PARK, INC.

Principal Place of Business

Mailing Address

165 WEST SR 434 WINTER SPRINGS FL 32708 165 WEST SR 434

WINTER SPRINGS FL 32708

Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
City & State		City & State		10736124	59-3672-439 Not Applica		t Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired.	\$8.75 Add Fee Required	itional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Name				
EPM SERVICES INC.			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
	T STATE ROAD 434 SPRINGS FL 32708						
			City		FL	Zip Code	•
8. The above	named entity submits this statement f	or the purpose of changing its re	egistered office or re	egistered agent, or both, in	the state of Florida.	•	
	•						
SIGNATURE .		·					
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Payable to Department of State		
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, ALLEN 4208 N 31ST AVE, SUITE 3 HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, BRIAN 4208 N 31ST AVE, SUITE 3 HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, ROBIN 6030 SW 116TH ST MIAMI FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE		☐ Delete	TITLE NAME			☐ Change	Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Change

Change

☐ Addition

☐ Addition

FILED Feb 27, 2001 8:00 am Secretary of State

02-27-2001 90326 044 ****61.25