

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90027 048 \*\*\*\*61.25

**DOCUMENT # N99000003834**

1. Entity Name

**SANFORD-AERO INDUSTRIAL PARK, INC.**

Principal Place of Business

165 WEST SR 434  
 WINTER SPRINGS FL 32708

Mailing Address

165 WEST SR 434  
 WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

**P.O. Box 915322**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LONGWOOD, FL**

4. FEI Number

**59-3672439**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32791-5322 Seminole**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EPM SERVICES INC.  
 165 WEST STATE ROAD 434  
 WINTER SPRINGS FL 32708~~

Name **National Association Management Company**  
 Street Address (P.O. Box Number is Not Acceptable)

**165 W. SR 434**  
 City **Winter Springs** FL Zip Code **32708**

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.

**Marc A. Blum, President 1-17-02**

(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 DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, ALLEN</b>	
STREET ADDRESS	<b>4208 N 31ST AVE, SUITE 3</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, BRIAN</b>	
STREET ADDRESS	<b>4208 N 31ST AVE, SUITE 3</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, ROBIN</b>	
STREET ADDRESS	<b>6030 SW 116TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-02 (954) 561-3607**

Date

Daytime Phone #

CR2E037 (9/01)