

**2001 UNIFORM BUSINESS REPORT (UBR)** *AMENDED Report APR 1st 2*

**DOCUMENT #** P94000007528  
**1. Entity Name**  
 Aviation Systems of Northwest Florida, Inc.

**FILED**  
 01 JUL 26 AM 10:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**  
 270 S. Pace Blvd  
 Pensacola, FL 32501

**Mailing Address**  
 P.O. Box 828  
 Pensacola, FL 32594  
 0828

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**Zip**      **Country**

**4. FEI Number** 59-3221867      **Applied For**  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Boutwell, Shiron W  
 5080 Keystone Drive  
 Gulf Breeze, FL 32561

**7. Name and Address of New Registered Agent**

**Name**

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

**City** **FL** **Zip Code**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2001 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**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	Boutwell, Shiron W	
<b>STREET ADDRESS</b>	5080 Keystone Dr	
<b>CITY-ST-ZIP</b>	Gulf Breeze FL	
<b>TITLE</b>	VD	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	Foster, Remus N	
<b>STREET ADDRESS</b>	5715 Sandstone Dr	
<b>CITY-ST-ZIP</b>	Pace FL	
<b>TITLE</b>	D	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	Casper, Fred L	
<b>STREET ADDRESS</b>	5835 Sau Fleay Field Rd	
<b>CITY-ST-ZIP</b>	Pensacola FL	
<b>TITLE</b>	D	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	Creary, William R	
<b>STREET ADDRESS</b>	6161 Leesway Blvd	
<b>CITY-ST-ZIP</b>	Pensacola, FL	
<b>TITLE</b>	TD	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	Carrion Jose L	
<b>STREET ADDRESS</b>	5806 Abba Lane	
<b>CITY-ST-ZIP</b>	Pensacola, FL	
<b>TITLE</b>	SD	<input type="checkbox"/> Delete
<b>NAME</b>	Sasser, Donald R, Jr	
<b>STREET ADDRESS</b>	5200 Medina Rd	
<b>CITY-ST-ZIP</b>	Pensacola FL	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Boutwell, Shiron W	
<b>STREET ADDRESS</b>	5080 Keystone Dr	
<b>CITY-ST-ZIP</b>	Gulf Breeze, FL	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	100004524471	
<b>STREET ADDRESS</b>	-08/08/01--01059--022	
<b>CITY-ST-ZIP</b>	*****61.25 *****61.25	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Sasser, Donald R Jr	
<b>STREET ADDRESS</b>	5200 Medina Rd	
<b>CITY-ST-ZIP</b>	Pensacola, FL	

**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:** *Shiron W Boutwell*      **7-19-01**      **850-469-0069**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #

CR2E034 (11/00)

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*Pages*

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Mailing Address

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Suite, Apt. #, etc.

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Country

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11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> Bailey, Arthur B	<input checked="" type="checkbox"/> Delete
NAME	33187 Antietam Rd	
STREET ADDRESS	Lillian, AL 36549	
CITY-ST-ZIP		
TITLE	<b>D</b> McDonald, John L	<input checked="" type="checkbox"/> Delete
NAME	2953 Donley St	
STREET ADDRESS	Pensacola, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Business Phone # \_\_\_\_\_

CR2E034 (11/00)