

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90198 024 \*\*\*150.00

**DOCUMENT # P94000007528**



1. Entity Name  
**AVIATION SYSTEMS OF NORTHWEST FLORIDA, INC.**

Principal Place of Business  
**270 SOUTH PACE BLVD  
PENSACOLA FL 32501**

Mailing Address  
**P O BOX 828  
PENSACOLA FL 32594-0828**



2. Principal Place of Business

3. Mailing Address  
**P.O. Box 828**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Pensacola FL**

4. FEI Number  
**59-3221867**

Applied For  
Not Applicable

Zip

Country

Zip  
**32594-0828**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOUTWELL, SHIRON W  
5080 KEYSTONE DRIVE  
GULF BREEZE FL 32561**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>BOUTWELL, SHIRON W</b>	
STREET ADDRESS	<b>5080 KEYSTONE DR</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SASSER, DONALD R JR</b>	
STREET ADDRESS	<b>5200 MEDINA ROAD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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.

SIGNATURE: *Shiron W Boutwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-03 850-469-0069  
Date Day/Time Phone #

CR2E034 (10/02)