

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90222 021 \*\*\*150.00

**DOCUMENT # P01000039358**

1. Entity Name

**AERO BUSINESS SERVICES INC.**

Principal Place of Business

4762 SPLIT RAIL PL.  
W. MELBOURNE FL 32912

Mailing Address

PO BOX 120053  
W. MELBOURNE FL 32912

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59 3711918**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANCUSO, GABRIEL J**  
**37206 CLINTON AVE**  
**DADE CITY FL 33525**

**SEE NEW Add**

7. Name and Address of New Registered Agent

Name **GABRIEL J MANCUSO**

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

**4762 SPLIT RAIL PLACE**

City **W MELBOURNE**

FL

Zip Code **32904**

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

*Gabriel J Mancuso*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-26-02**

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, 2002 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 **GABRIEL J MANCUSO** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES SEC TREAS**  
**VIP RES AGENT**

TITLE **I AM THE ONLY** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AGENT**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Gabriel J Mancuso* **GABRIEL J MANCUSO** **04-26-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gabriel J Mancuso*

**PHONE 321 676 4733**

CR2E034 (9/01)