

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 194937**

1. Entity Name

**ODOM'S AIRCRAFT PARTS, INC.**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90087 013 \*\*\*150.00

Principal Place of Business

7055 S W 10TH ST  
MIAMI FL 33144

Mailing Address

7055 S W 10TH ST  
MIAMI FLA 33144-4607

2. Principal Place of Business

3. Mailing Address

P. O. Box 440036

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Miami, FL

4. FEI Number

**59-0801723**

Applied For

Not Applicable

Zip

Country

Zip

Country

33144

USA

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

**ODOM, S G**  
**7055 SW 10TH ST**  
**MIAMI FL 33144**

Name

**Donna Odom**

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

**7055 S. W. 10th Street**

City

**Miami**

**FL**

Zip Code  
**33144**

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 **Donna Odom**

President/Owner

*Donna Odom*

**4/10/2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
NAME **ODOM, S G**  
STREET ADDRESS **7055 S.W. 10 ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **President, Treasurer** ☒ Change ☐ Addition  
NAME **Donna Odom**  
STREET ADDRESS **7055 S. W. 10th Street**  
CITY-ST-ZIP **Miami, FL 33144**

TITLE **SD** ☐ Delete  
NAME **ODOM, D. M.**  
STREET ADDRESS **7055 S.W. 10 ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **Vice President/Secretary** ☐ Change ☒ Addition  
NAME **Walter E. Grant**  
STREET ADDRESS **7055 S. W. 10th Street**  
CITY-ST-ZIP **Miami, FL 33144**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
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:**

**Donna Odom**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/2000**

Date

**(305) 261-1611**

Daytime Phone #

CR2E034 (9/99)