2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # **320084**

1. Entity Name
AERO SPORT INC

Principal Place of Business	Mailing Address
ST AUGUSTINE AIRPORT, 4900 U.S. 1 NORTH P.O. DRAWER 1989 ST. AUGUSTINE FL 320851989	ST AUGUSTINE AIRPORT, 4900 U.S. 1 NORTH P.O. DRAWER 1989 ST. AUGUSTINE FL 320851989

2. Principal Place of Business	3. Mailing Address
ST AUGUSTINE AIRPORT, 4900 U.S. 1 NORTH	ST AUGUSTINE AIRPORT, 4900 U.S. 1 NORTH
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
City & State ST. AUGUSTINE FL	City & State ST. AUGUSTINE FL
Zip: 32095 Country:	Zip: 32095 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1204289** ☐ Applied For ☐ Not Applicable

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
MOSER, JAMES A 4900 US 1 NORTH STE 100 SAINT AUGUSTINE FL 32095	Name: MOSER, DIANE L. Street Address (P.O. Box Number is Not Acceptable): 4900 US 1 NORTH STE 100 City: SAINT AUGUSTINE FL Zip Code: 32095

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 **DIANE L. MOSER** **04/18/2001**
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHOWALTER ROBERT 400 HERNDON AVE ORLANDO FL 328030	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNIGHT PHILLIP 18901 SE CROSSWINDS LANE JUPITER FL 33478	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MOSER,DIANE 120 TIDE PONTE VERDE BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MOSER,DIANE 120 TIDE PONTE VEDRA BEACH FL 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FREEMAN JOHN W 144 S BEACH DR SAINT AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SLINGLUFF MICHAEL S 110 OCEAN HOLLOW ROAD #117 SAINT AUGUSTINE FL 32095	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSER,MARY A. 120 TIDE PONTE VERDE BEACH FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Michael S. Slingluff pd 04/18/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #