

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 402319

1. Entity Name

F.I.T. AVIATION, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90031 023 ***150.00

Principal Place of Business

Mailing Address

640 HARRY SUTTON ROAD
MELBOURNE INTERNATIONAL AIRPORT
MELBOURNE FL 32901-1885
US

640 HARRY SUTTON ROAD
MELBOURNE INTERNATIONAL AIRPORT
MELBOURNE FL 32901-1832
US

80020228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1740830

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

7. Name and Address of New Registered Agent

MCINTYRE, JAMES W
2359 BROOKSIDE WAY
INDIALANTIC FL 32903

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

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 P
NAME MCINTYRE, JAMES
STREET ADDRESS 2359 BROOKSIDE WAY
CITY-ST-ZIP INDIALANTIC FL ☐ Delete

TITLE UPRG
NAME DR Robert L. Sullivan
STREET ADDRESS 407 Anchor Key
CITY-ST-ZIP Melbourne, Bcl 32957 ☐ Change ☒ Addition

TITLE CD
NAME REVAY, ANDREW W. JR.
STREET ADDRESS 312 PALM COURT
CITY-ST-ZIP INDIALANTIC FL ☐ Delete

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

TITLE VPTS
NAME STEPHENS, DR NOLAN THOMA
STREET ADDRESS 1737 INDEPENDENCE AVE
CITY-ST-ZIP MELBOURNE FL ☐ Delete

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

TITLE D
NAME BARTREM, RICHARD
STREET ADDRESS 4250 CARDWOOD DRIVE
CITY-ST-ZIP MELBOURNE FL ☐ Delete

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

TITLE D
NAME DE SANTIS, JAMES R
STREET ADDRESS 717 OAK PARK DR
CITY-ST-ZIP MELBOURNE FL ☐ Delete

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

TITLE D
NAME DUNCAN, MARSHA A
STREET ADDRESS 675 SHERIDAN WOOD DR
CITY-ST-ZIP W MELBOURNE FL ☐ Delete

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

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-8-00

Daytime Phone #

CR2E034 (9/99)