## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 30, 2002 8:00 am 567145 DOCUMENT # **Secretary of State** 1. Entity Name 01-30-2002 90156 021 \*\*\*150.00 PALM BEACH AVIONICS, INC. Principal Place of Business Mailing Address 11550 AVIATION BLVD. P.O. BQX 32937 PALM BEASH GARDENS FL 33420 WEST PALM BEACH FL 33412 2. Principal Place of Business 3. Mailing Address 11250-3 Ayintion 8hd ←5A~E Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1809339 West A Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, JIMMY D. Street Address (P.O. Box Number is Not Acceptable) 11250 AVIATION BLVD WEST PALM BEACH FL 33412 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. Jimmy D. 1-14-2003 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE CR2E034 (9/01 TITLE ☐ Delete Addition COOK, JIMMY D. NAME STREET ADDRESS 4160 CATALPHA AVENUE STREET ADDRESS PALM BCH. GARDENS FL CITY-ST-7IP CITY-ST-ZIP ST ☐ Delete TITLE Change ■ Addition TITLE COOK, DONNA NAME 4160 CATALPHA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH. GARDENS FL CITY-ST-ZIP TITLE ☐ Change Addition ▲ TITLE ☐ Delete NAME NAME JORDAN, STACEY C. STREET ADDRESS 693 BLUEBERRY DR STREET ADDRESS CITY-ST-ZIP **WELLINGTON FL 33414** CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 561-