

FILED
Jun 23, 2002 8:00 am
Secretary of State
05-28-2002 91739 034 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #
1. Entity Name *Florida Aircraft Instrument*
630954 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *Florida Aircraft*
Suite, Apt. #, etc.

3. Mailing Address *8806 Airport Blvd*
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Leesburg Florida* City & State
4. FEI Number *591323113* Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name *James R. Wilburth*
Street Address (P.O. Box Number is Not Acceptable)
9123 Silver Lake Dr.
City *Leesburg* FL Zip Code *34788*

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>James R. Wilburth Pres.</i> <i>9123 Silver Lake Dr</i> <i>Leesburg FL 34788</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>James R Wilburth</i> <i>Dir. Pres. Sec.</i> <i>Same</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Tina R. Wilburth</i> <i>Dir. & Pres. Treas.</i> <i>9123 Silver Lake Dr</i> <i>Leesburg FL 34788</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jim M Wilburth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1 - 2002 352782
Date Daytime Phone # *854*

CR2E034B (12/01)