

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 679465

1. Entity Name

AERO TOOL & SUPPLY, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90082 024 ***150.00

Principal Place of Business

Mailing Address

~~1050 N.W. 52ND ST~~
~~ST LAUD FL 33309~~

New address
effective 2/1/2000

~~1050 N.W. 53RD CT~~
~~ST LAUD FL 33309-0142~~

2. Principal Place of Business

3. Mailing Address

4414 NE 6th Terrace

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Oakland Park, FL

City & State

4. FEI Number **59-2027327**

Applied For

Not Applicable

Zip *33334*

Country *USA*

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

FOSTER, JAY ALAN
8034 SANIBEL DR
TAMARAC FL 33321

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 *JAY ALAN FOSTER*

Jay Alan Foster

4/7/2000

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	P	<input type="checkbox"/> Delete
NAME	FOSTER, JAMES A JR	
STREET ADDRESS	10146 S W 1ST CT	
CITY-ST-ZIP	CORAL SPGS FL 33071	
TITLE	COB	<input type="checkbox"/> Delete
NAME	FOSTER, KAREN	
STREET ADDRESS	10146 S W 1ST CT	
CITY-ST-ZIP	CORAL SPGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000

Daytime Phone #

CR2E034 (9/99)