## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 26, 2000 8:00 am **DOCUMENT # 686727** 1. Entity Name Secretary of State ELMORE AIRCRAFT ENGINES SERVICE, INC. 02-26-2000 90033 040 \*\*\*150.00 Principal Place of Business Mailing Address 411 HWY 301 BLVD., E. 411 HWY 30 BLVD E **BRADENTON FL 34208 BRADENTON FL 34208** 00024461 LIS 2. Principal Place of Business 3. Mailing Address 350 8-2 AVE.W 3508-2nd AVE. W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BRADENTON City & State 4. FEI Number Applied For 59-2037803 BRADENTON FL. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34205 MANATEE MANATEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME (CHARLES I, ELMORE ELMORE, CHARLES J. Street Address (P.O. Box Number is Not Acceptable) 4419 19TH AVENUE WEST **BRADENTON FL 34209** BRADENTON, FL. statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. J ELMORE PD (NOTE: Registered Agent signature required when reinstating) CHARLES SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. Delete ☐ Change ☐ Addition TITLE NAME ELMORE, CHARLES J. STREET ADDRESS STREET ADDRESS 4419 19TH AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** STD ☐ Change ☐ Addition TITLE Delete TITLE **ELMORE, FRANCES CAROL** NAME NAME STREET ADDRESS STREET ADDRESS 3417 FIRST AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Change ☐ Addition Delete TITLE TITLE **ELMORE, FRANCES CAROL** NAME NAME STREET ADDRESS STREET ADDRESS 3417 FIRST AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL Change Delete ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS 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. Theorete 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 additional statutes. of the corporation or the receiver or unasco-changed, or on an attachment with an audio