

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004151

1. Entity Name  
ADVANCED AVIATION TECHNOLOGIES, INC.



**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90092 037 \*\*\*150.00

Principal Place of Business  
25 SECOND STREET NORTH, STE 440  
ST PETERSBURG FL 33701

Mailing Address  
25 SECOND STREET NORTH, STE 440  
ST PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3316629

Applied For

Not Applicable

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

SMITH, EVAN  
25 2ND STREET NORTH, STE 440  
ST PETERSBURG FL 33701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME SMITH, EVAN  
STREET ADDRESS 25 2ND STREET NORTH, STE 440  
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE P/T/S/D  
NAME SMITH, EVAN  
STREET ADDRESS 25 2ND STREET NORTH, STE 440  
CITY-ST-ZIP ST PETERSBURG FL 33701 ☒ Change ☐ Addition

TITLE S  
NAME SMITH, LINDA M  
STREET ADDRESS 25 2ND STREET NORTH, STE 440  
CITY-ST-ZIP ST PETERSBURG FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03  
Date

727-823-1614  
Daytime Phone #

CR2E034 (10/02)