

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005268

1. Entity Name

AERWIRE CORPORATION

Principal Place of Business

Mailing Address

1775 W. HIBISCUS BLVD., STE 304  
MELBOURNE FL 32901

1775 W. HIBISCUS BLVD., STE 304  
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3652836

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

FISHER, ROBERT J  
1775 W HIBISCUS BLVD., STE 304  
MELBOURNE FL 32901

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

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, BRIAN D	
STREET ADDRESS	1775 W. HIBISCUS BLVD., STE 304	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARSHALL, G E	
STREET ADDRESS	2465 E. BAYSHORE RD, STE 402	
CITY-ST-ZIP	PALO ALTO CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	ASKEW, GERALD	
STREET ADDRESS	19066 AUSTIN WAY	
CITY-ST-ZIP	SARATOGA CA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MORRISSEY, MICHAEL W	
STREET ADDRESS	14191 OKANOGAN DRIVE	
CITY-ST-ZIP	SARATOGA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, ROBERT J	
STREET ADDRESS	212 12TH TERRACE	
CITY-ST-ZIP	INDIAN LANTIC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADANIYA, GEORGE A	
STREET ADDRESS	120 GALLAUPES PINT ROAD	
CITY-ST-ZIP	SWAMPSCOTT MA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90019 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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