

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # F06056**

1. Entity Name

**NORTHEAST FLORIDA AIRCRAFT MAINTENANCE, INC.**

01-19-2001 90028 035 \*\*\*150.00

Principal Place of Business  
**855 12 ST JOHNS BLUFF RD  
HANGAR 12  
JAX FL 32225  
US**

Mailing Address  
**855-12 ST JOHNS BLUFF RD  
CRAIG AIRPORT HANGAR 12  
JAX FL 32225  
US**

**C0005767**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-2049937</b>                           |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |
| Zip                            | Country | Zip                 | Country |   |  |                                       |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent                          |  | 7. Name and Address of New Registered Agent        |  |
| <b>BLACKBURN, BRYAN E<br/>1921 DEWEY PLACE<br/>JACKSONVILLE FL 32207</b> |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | City   |  |
|  |  | <b>FL</b> 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 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PST</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BOTTENSEK, JOHN W</b>                   | NAME  |   |
| STREET ADDRESS             | <b>855-12 ST JOHNS BLUFF RD</b>            | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL 32225</b>               | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | 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: john W. Bottensek**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John W. Bottensek*

Date

Daytime Phone #

**1-9-01 (904) 641-8933**

CR2E034 (10/00)