

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90062 038 ***550.00

DOCUMENT # F63835

1. Entity Name

AEROSTRUCTURES, INC.

Principal Place of Business

Mailing Address

2231 CRYSTAL DRIVE, #500
ARLINGTON VA 22202

1725 JEFF DAVIS HWY
SUITE #201
ARLINGTON VA 20787-7610
US

2. Principal Place of Business

9666 BUSINESS PARK AVE

3. Mailing Address

9666 Business Park Ave

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

SAN DIEGO, CA 92131

City & State

San Diego CA

4. FEI Number

59-2162623

Applied For

Not Applicable

Zip

92131

Country

USA

Zip

92131

Country

USA

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

PARK, WILLIAM M.
11311 N. ARMENIA AVE.
TAMPA FL 33612

Name JOAN SHERWIN

Street Address (P.O. Box Number is Not Acceptable)

1901 4th Street N.

Suite 316

City St. Petersburg

FL

Zip Code 33702

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

Joan Sherwin

JOAN SHERWIN

9-5-00

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	CTD	☐ Delete
NAME	LAMMON, ELMER B.	
STREET ADDRESS	1805 CRYSTAL DR. 813	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	VSD	☐ Delete
NAME	LAMMON, BARBARA JEAN	
STREET ADDRESS	1805 CYRSTAL DR. 813	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	V	☒ Delete
NAME	MULQUIN, JAMES J.	
STREET ADDRESS	5101 BRENTFORD DR	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	P	☒ Delete
NAME	ELCHURI, VIJAY	
STREET ADDRESS	7902 DEERLEE DR	
CITY-ST-ZIP	SPRINGFIELD VA	
TITLE	V	☒ Delete
NAME	IYER, NAGARAJA S	
STREET ADDRESS	5715 OAK APPLE COURT	
CITY-ST-ZIP	BURKE VA	
TITLE	V	☒ Delete
NAME	MOON, SURESH	
STREET ADDRESS	6008 WINDWARD DRIVE	
CITY-ST-ZIP	BURKE VA	

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	1213 BIG WILLS DR. NW
CITY-ST-ZIP	FORT PAYNE, AL 35967
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	1213 BIG WILLS DR. NW
CITY-ST-ZIP	FORT PAYNE, AL 35967
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☒ Addition
NAME	P
STREET ADDRESS	RODNEY D. LOCKET
CITY-ST-ZIP	9 MOONDAH DRIVE
	MDUNT BLIZA, VA 3930 AUSTRALIA
TITLE	☐ Change ☒ Addition
NAME	V
STREET ADDRESS	KRIS MADOLKOWSKI
CITY-ST-ZIP	13231 SILVER SADDLE LANE
	POWAY, CA 92064
TITLE	☐ Change ☐ 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:

Elmer B. Lammon ELMER B. LAMMON

30 AUG 00

256 997 0119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E 014 9/99