

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90132 021 ***150.00

DOCUMENT # **F98000001217**

1. Entity Name

SYMAX AVIATION, INC.

Principal Place of Business	Mailing Address
PALM BEACH INTERNATIONAL AIRPORT 1512 PERIMETER RD., #118 WEST PALM BEACH, FL 33406	30575 BAINBRIDGE ROAD SUITE 130 SOLON, OH 44139

80047080

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-2077210		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/C/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SYDELL L.	NAME	
STREET ADDRESS	P. O. BOX 3263	STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH, FL 33480-3263	CITY - ST - ZIP	
TITLE	V/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERN, STACIE L.	NAME	
STREET ADDRESS	30575 BAINBRIDGE RD., #130	STREET ADDRESS	
CITY - ST - ZIP	SOLON, OH 44139	CITY - ST - ZIP	
TITLE	V/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILMAN, LAUREN B.	NAME	
STREET ADDRESS	30575 BAINBRIDGE RD., #130	STREET ADDRESS	
CITY - ST - ZIP	SOLON, OH 44139	CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKEY, ROBERT	NAME	
STREET ADDRESS	1900 EAST 9TH STREET, #3200	STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND, OH 44114	CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, DAVID A.	NAME	
STREET ADDRESS	30575 BAINBRIDGE RD., #130	STREET ADDRESS	
CITY - ST - ZIP	SOLON, OH 44139	CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMARCA, MARLA J.	NAME	
STREET ADDRESS	30575 BAINBRIDGE RD., #130	STREET ADDRESS	
CITY - ST - ZIP	SOLON, OH 44139	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: **David A. Cook** **DAVID A. COOK, TREASURER** **4-2-01** **440-519-3500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #