

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90644 008 ***150.00

DOCUMENT # F98000001217

1. Entity Name

SYMAX AVIATION, INC.



Principal Place of Business
PALM BEACH INTERNATIONAL AIRPORT
1512 PERIMETER RD #118
WEST PALM BEACH FL 33406

Mailing Address
30575 BAINBRIDGE ROAD
SUITE 130
OLON OH 44139

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 **52-2077210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
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. 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 **PCD** ☐ Delete
NAME **MILLER, SYDELL**
STREET ADDRESS **P O BOX 3263**
CITY-ST-ZIP **PALM BEACH FL 33480-3263**

TITLE ☒ Change ☐ Addition
NAME **1415 S. OCEAN BLVD.**
STREET ADDRESS **PALM BEACH, FL 33480**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **HALPERN, STACIE L**
STREET ADDRESS **30575 BAINBRIDGE RD #130**
CITY-ST-ZIP **OLON OH 44139**

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

TITLE **VD** ☐ Delete
NAME **SPILMAN, LAUREN B**
STREET ADDRESS **30575 BAINBRIDGE RD #130**
CITY-ST-ZIP **OLON OH 44139**

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

TITLE **S** ☐ Delete
NAME **MARKEY, ROBERT**
STREET ADDRESS **1900 EAST 9TH STREET, STE 3200**
CITY-ST-ZIP **CLEVELAND OH 44114**

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

TITLE **AS** ☐ Delete
NAME **LAMARCA, MARLA J**
STREET ADDRESS **30575 BAINBRIDGE RD #130**
CITY-ST-ZIP **OLON OH 44139**

TITLE **T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **COOK, DAVID A**
STREET ADDRESS **30575 BAINBRIDGE RD #130**
CITY-ST-ZIP **OLON OH 44139**

TITLE **AS** ☐ Change ☒ Addition
NAME **STEINBOCK, MARK A.**
STREET ADDRESS **30575 BAINBRIDGE RD, #130**
CITY-ST-ZIP **OLON, OH 44139**

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:

MARLA J. LAMARCA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4-10-03
Date

440-519-3500
Daytime Phone #

CR2E034 (10/02)