

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90125 041 \*\*\*150.00

**DOCUMENT # F99000006002****1. Entity Name**  
**SARGENT AEROSPACE, INC.****Principal Place of Business****12796 NW 107 PLACE**  
**MIAMI FL 33178****Mailing Address****12796 NW 107 PLACE**  
**MIAMI FL 33178****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **65-0961138**

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****CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **DCEO** ☐ Delete  
**NAME** **YOCUM, JERRY**  
**STREET ADDRESS** **2607 N. GRANDVIEW BLVD.**  
**CITY-ST-ZIP** **WAUKESHA WI 53186****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☒ Delete  
**NAME** **DP**  
**STREET ADDRESS** **TARQUIN, DONALD C**  
**CITY-ST-ZIP** **2607 N. GRANDVIEW BLVD.**  
**WAUKESHA WI 53186****TITLE** ☒ Change ☐ Addition  
**NAME** **President**  
**STREET ADDRESS** **William W. Surgeon**  
**CITY-ST-ZIP** **2541 North Lightning A Drive**  
**Tucson, AZ 85743****TITLE** ☐ Delete  
**NAME** **DV**  
**STREET ADDRESS** **STILL, STEVEN**  
**CITY-ST-ZIP** **SARGENT CONTROL & AEROSPACE**  
**TUCSON AZ 85743****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME** **V**  
**STREET ADDRESS** **RIQUELME, OMAR**  
**CITY-ST-ZIP** **8034 NW 67TH STREET**  
**MIAMI FL 33166****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME** **V**  
**STREET ADDRESS** **KUBACH, ROBERT**  
**CITY-ST-ZIP** **280 PARK AVENUE, 34 WEST**  
**NEW YORK NY 10017****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME** **ST**  
**STREET ADDRESS** **BLANTON, GEORGE**  
**CITY-ST-ZIP** **5675 WEST BURLINGAME**  
**TUSCON AZ 85743****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:** *OMAR RIQUELME*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/02 305-887-1688

Daytime Phone #

CP2E034 (9/01)