

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90419 026 ***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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0961138**

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

**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. 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
NAME **DCEO**
STREET ADDRESS **YCHUM, JERRY**
CITY-ST-ZIP **2607 N. GRANDVIEW BLVD.
WAUKESHA WI 53186** ☐ Delete

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

TITLE
NAME **P**
STREET ADDRESS **SPURGEON, WILLIAM W**
CITY-ST-ZIP **2541 NORTH LIGHTNING A DRIVE
TUCSON AZ 85743** ☐ Delete

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

TITLE
NAME **DV**
STREET ADDRESS **STILL, STEVEN**
CITY-ST-ZIP **SARGENT CONTROL & AEROSPACE
TUCSON AZ 85743** ☐ Delete

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

TITLE
NAME **V**
STREET ADDRESS **RIQUELME, OMAR**
CITY-ST-ZIP **8034 NW 67TH STREET
MIAMI FL 33166** ☐ Delete

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

TITLE
NAME **V**
STREET ADDRESS **KUBACH, ROBERT**
CITY-ST-ZIP **280 PARK AVENUE, 34 WEST
NEW YORK NY 10017** ☐ Delete

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

TITLE
NAME **ST**
STREET ADDRESS **BLANTON, GEORGE**
CITY-ST-ZIP **5675 WEST BURLINGAME
TUSCON AZ 85743** ☐ Delete

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

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:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 **(305) 887-1688**
Date Daytime Phone #

CR2E034 (10/02)