

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90001 033 ***150.00

DOCUMENT # G68413

1. Entity Name
AEROSTICK, INC.

Principal Place of Business
RR2 BOX 589
LAKE BUTLER FL 32054
US

Mailing Address
RR2 BOX 589
LAKE BUTLER FL 32054
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2362234**

Applied For
 Not Applicable

Zip Country

Zip Country

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

PLOTTS, HOLICE H
RR2 BOX 589
LAKE BUTLER FL 32054

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTS
PLOTTS, HOLICE H
RR2 BOX 589
LAKE BUTLER FL 32054

☐ Delete

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

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/01 904-496-1115
 Date Daytime Phone #

0106888 AT

CR2E034 (5/01)

Attachment
068413
A0070617

Apostick Inc

Rt 2 Box 589

Lake Butler FL 32054

7/1/01

Division of Corporations

Uniform Business Report

P.O. Box 1500

Tallahassee FL 32302-1500

Dear Sirs,

This is the 2nd year in a row I have not received the Annual Report notice only to get the warning of administratively dissolving my Corporation. A phone call told me to send in a check for \$150⁰⁰ and a short explanation. Hope this will suffice.

Thank you for your help.

W. Platt

Pres. A. Inc.