

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90223 011 ***158.75

01/27/03

DOCUMENT # G78358

1. Entity Name
AIRPORT SALVAGE AND REPAIR, INC.



Principal Place of Business
7245 NARCOOSSEE ROAD
ORLANDO FL 32822

Mailing Address
7245 NARCOOSSEE ROAD
ORLANDO FL 32822



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number ~~59-1697124~~
71-0898505

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KITCHEN, CHARLES BROOKE
7245 NARCOOSSEE ROAD
ORLANDO FL 32822

7. Name and Address of New Registered Agent

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 *Charles Brooke Kitchen*
Signature, typed or printed name of registered agent and title if applicable

CHARLES BROOKE KITCHEN
(NOTE: Registered Agent signature required when reinstating)

1/23/03
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	P	<input type="checkbox"/> Delete
NAME	KITCHEN, CHARLES BROOKE	
STREET ADDRESS	620 HAMILTON AVENUE	
CITY-ST-ZIP	ORANGE CITY FL 32114-1313	
TITLE	V	<input type="checkbox"/> Delete
NAME	KITCHEN, TRICIA D.	
STREET ADDRESS	620 HAMILTON AVENUE	
CITY-ST-ZIP	ORANGE CITY FL 32114-1313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(j), 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: *Charles Brooke Kitchen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03 **407-2758721**
Date Daytime Phone #

CR2E034 (10/02)