

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G84114

1. Entity Name

EAST COAST AVIONICS, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90054 026 ***150.00

Principal Place of Business

1020 NW 62ND ST
FT. LAUDERDALE FL 33309

Mailing Address

1020 NW 62ND ST
FT. LAUDERDALE FL 33309-1971

2. Principal Place of Business

STUART AIRPORT

3. Mailing Address

1925 SE AIRPORT RD

Suite, Apt. #, etc.

HANGAR 2

Suite, Apt. #, etc.

HANGAR 2

City & State

STUART FL

City & State

STUART FL

Zip

34996

Country

MARTIN

Zip

34996

Country

MARTIN

4. FEI Number

59-2404234

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

CONNELL, MARK
1020 N.W. 62ND ST.
FT. LAUDERDALE FL 33309

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, 2000 Fee will be \$550.00
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

| | | |
|--|--|---------------------------------|
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99

Date

561-781-6477

Daytime Phone #

CR2E034 (9/99)