

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91355 008 ***150.00

DOCUMENT # H14838

1. Entity Name
DIVERSIFIED AERONAUTICAL SUPPLY & HARDWARE, INC.



Principal Place of Business
2225 COLUMBIA BLVD.
TITUSVILLE FL 32780

Mailing Address
P.O. BOX 6111
TITUSVILLE FL 32782-6111
US



2. Principal Place of Business

1620 So WASHINGTON AVE
Suite, Apt. #, etc.

3. Mailing Address

1620 So WASHINGTON AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

TITUSVILLE, FLORIDA

City & State

TITUSVILLE, FLORIDA

4. FEI Number **59-2429621**

Applied For

Not Applicable

Zip

32780

Country

USA

Zip

32780

Country

USA

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

KELLY, JAMES J
3962 SCOTLAND STREET
COCOA FL 32927

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 **VD** ☐ Delete
NAME **REED, MARK A.**
STREET ADDRESS **3855 ESSEX STREET**
CITY-ST-ZIP **TITUSVILLE FL 32796**

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

TITLE **VSD** ☒ Delete
NAME **NEVINS, RICHARD C**
STREET ADDRESS **255 COLSTREAM STREET**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **VSD** ☐ Change ☒ Addition
NAME **PARLOTTO, JASON**
STREET ADDRESS **5508 RIVER OAKS CIRCLE**
CITY-ST-ZIP **TITUSVILLE, FLORIDA 32780**

TITLE **PD** ☐ Delete
NAME **REED, CHERYL M**
STREET ADDRESS **3855 ESSEX STREET**
CITY-ST-ZIP **TITUSVILLE FL 32796-2278**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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)(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:

MICHAEL P. REED (V)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 APR 14 2003 (321) 269-2006

Date

Daytime Phone #

CR2E034 (10/02)