

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H34600

1. Entity Name

CDCB AVIATION, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90032 016 ***150.00

Principal Place of Business

Mailing Address

% JAMES I. VANCE BERRY, JR.
50 N. LAURA STREET., SUITE 3300
JACKSONVILLE FL 32202

% JAMES I. VANCE BERRY, JR.
50 N. LAURA STREET., SUITE 3300
JACKSONVILLE FL 32202-3661

00044130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o James I. Vance Berry, Jr.

c/o James I. Vance Berry, Jr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

225 Water St., Suite 2050

225 Water St., Suite 2050

City & State

City & State

Jacksonville, FL ~~XXXXXX~~

Jacksonville, FL

4. FEI Number

59-2475000

Applied For

Not Applicable

Zip
32202

Country
USA

Zip
232202

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

BERRY VANCE, JAMES I JR
50 N. LAURA STREET., STE 3300
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)
225 Water St., Suite 2050

City
Jacksonville

FL

Zip Code
32202

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BERRY VANCE, JAMES I JR
50 N. LAURA ST., SUITE 3300
JACKSONVILLE FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
225 Water St., Suite 2050 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BERRY, CLARE
113 LINKSIDE CIRCLE
PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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]

James I. Vance Berry, Jr. 2/27/00 (904) 354-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)