

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H96319

1. Entity Name

AEROCENTER INC.

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90219 039 \*\*\*150.00

Principal Place of Business

39317 AIR PARK ROAD  
ZEPHYRHILLS FL 33540

Mailing Address

39317 AIR PARK ROAD  
ZEPHYRHILLS FL 33540

2. Principal Place of Business

6648 JUNIPER CRT

3. Mailing Address

6648 JUNIPER CRT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

City & State

ZEPHYRHILLS, FL

4. FEI Number

59-2627093

Applied For

Not Applicable

Zip

33540

Country

USA

Zip

33540

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

SULLIVAN, KATHLEEN A  
39317 AIR PARK RD  
ZEPHYRHILLS FL 33540

Name

Street Address (P.O. Box Number is Not Acceptable)

6648 JUNIPER CRT

City

ZEPHYRHILLS

FL

Zip Code

33540

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, 2001 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	PD SULLIVAN, KATHLEEN A 39317 AIRPARK RD. ZEPHYRHILLS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, KATHLEEN A 39317 AIR PARK ROAD ZEPHYRHILLS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6648 JUNIPER CRT ZEPHYRHILLS, FL 33540	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6648 JUNIPER CRT ZEPHYRHILLS, FL 33540	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kathleen A Sullivan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01  
Date

813-783-3200  
Daytime Phone #

CR2E034 (10/00)