

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J03734

1. Entity Name  
AERO NOVA, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90100 029 \*\*\*150.00

Principal Place of Business

905 E MARTIN LUTHER KING JR DR  
480  
TARPON SPRINGS FL 34689  
US

Mailing Address

905 E MARTIN LUTHER KING JR DR  
480  
TARPON SPRINGS FL 34689-4829  
US

2. Principal Place of Business

905 E. MARTIN LUTHER KING JR DR

Suite, Apt. #, etc.

SUITE # 400

City & State

TARPON SPRINGS FL.

Zip

34689

Country

USA

3. Mailing Address

905 E. M.L.KING JR. DR.

Suite, Apt. #, etc.

SUITE # 400

City & State

TARPON SPRINGS, FL 34689

Zip

34689

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2687067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SWAN, ROBERT H.  
905 E. M.L.K., JR. DRIVE  
STE. 480  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

(SAME)

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

(SAME)

SUITE 400

City

(SAME)

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

TITLE C  
NAME SWAN, ROBERT H.  
STREET ADDRESS 905 E MLK JR DR, STE #480  
CITY-ST-ZIP TARPON SPRINGS FL 34689

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

*Robert H. Swan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

Daytime Phone #

727-943-8779