

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J58139

1. Entity Name

E-PRIME AEROSPACE CORPORATION

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90329 024 ***150.00

Principal Place of Business

P. O. BOX 6472
TITUSVILLE FL 32781
US

Mailing Address

P. O. BOX 6472
TITUSVILLE FL 32782
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2802081**

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

DAVIS, BETTY SCOTT
322 S. WASHINGTON AVE.
TITUSVILLE FL 32796

Name

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

City

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 date 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 '01

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TSD
DAVIS, BETTY SCOTT
322 S. WASHINGTON AVE.
TITUSVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
DAVIS, BOBBY G.
322 S. WASHINGTON AVE.
TITUSVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
ELROD, RICHARD L
2525 BOLTON BOONE DR. APT #1401
DESOTO TX

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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

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

BETTY SCOTT DAVIS

4/20/01

321-269-0900

CR2E034 (10/00)