## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE:

dress, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

## May 07, 2000 8:00 am Secretary of State **DOCUMENT # K18395** FEDERAL AVIATION SUPPLY, INC. 05-07-2000 90030 017 \*\*\*150.00 Principal Place of Business Mailing Address 11691 SW 25 ST 11691 SW 25 ST **DAVIE FL 33325-4869** DAVIE FL 33325 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 62-1352430 Not Applicable Country \$8.75 Additional Zip Country Zip $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent = 6. Name and Address of Current Registered Agent Name WYATT, DAVID Street Address (P.O. Box Number is Not Acceptable) 11691 SW 25 ST **DAVIE FL 33325** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE WYATT, DAVID NAME NAME 11691 SW 25 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗔 Change ~~ 🖃 Addition-Delete \_TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 about 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 truege empowered to execute this report as required by change 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED** 

-25-2000