2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K30793** Mar 31, 2000 8:00 am Secretary of State SOUTH FLORIDA AIRCRAFT SALES, INC. 03-31-2000 90067 017 ***150.00 Mailing Address Principal Place of Business 1800 CENTRAL BLVD. 1800 CENTRAL BLVD. JUPITER FL 33458 JUPITER FL 33458-7301 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 65-0125617 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOSSO, WILLIAM J., JR Street Address (P.O. Box Number is Not Acceptable) 2428 BROADWAY **RIVIERA BEACH FL 33404** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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. PD ☐ Change Addition ☐ Delete TITLE SMITH, LAMAR K. JR NAME 1800 CENTRAL BLVD. STREET ADDRESS STREET ADDRESS JUPITER FL CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZiP ☐ Change ☐ Delete Addition TITLE TITLE 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 supplimental report is true and accurate and the my signature shall have the same legal effect as if made under oath; that I am an officer or director I that my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver changed, or on an attachment wi or trustee empowered to execute it an address, with all other like SIGNATURÉ Daytime Phone