

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000486

1. Entity Name

POINTMAN AERO, L.C.

FILED

01 APR 30 PM 6:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

690 ANDERSON CT.  
SATELLITE BEACH  
FLORIDA 32937

690 ANDERSON CT.  
SATELLITE BEACH  
FLORIDA 32937

2. Principal Place of Business

4280 DOW ROAD

3. Mailing Address

4280 DOW ROAD

Suite, Apt. #, etc.

SUITE 108

Suite, Apt. #, etc.

SUITE 108

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE, FLORIDA

City & State

MELBOURNE, FLORIDA

4. FEI Number

59-3622933

Applied For

Not Applicable

Zip

32934

Country

BREVARD

Zip

32934

Country

BREVARD

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULLEIN, RODNEY G  
690 ANDERSON CT.  
SATELLITE BEACH  
FLORIDA 32937

Name

BRYANT, DAVID L

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

4280 DOW ROAD STE 108

City

MELBOURNE

FL

Zip Code

32934

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.

DAVID L. BRYANT, MANAGING MEMBER

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/26/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
ULLEIN, RODNEY G  
690 ANDERSON CT.  
SATELLITE BEACH, FL 32937

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
BRYANT, DAVID L  
4280 DOW ROAD STE 108  
MELBOURNE, FL 32934

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MANAGING MEMBER

DATE

4/26/01

321 431-1191

Daytime Phone

321 254-7913

CR2E083 (11/00)