

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002660 AF

DOCUMENT # L00000004500

1. Entity Name

PECO AVIATION, LLC

FILED

01 MAR 15 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3477 LAKE SHORE BLVD  
JACKSONVILLE FL 32210

Mailing Address

3477 LAKE SHORE BLVD  
JACKSONVILLE FL 32210

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

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAX CO  
C/O MCGUIRE WOODS BATTLE & BOOTHE LLP  
50 N LAURA ST SUITE 3300  
JACKSONVILLE FL 32202

Name

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

City

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

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  
MGR  
PERRY, CHARLES A III  
3477 LAKE SHORE BLVD  
JACKSONVILLE FL 32210

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
COHEN, NORMAN S  
3477 LAKE SHORE BLVD  
JACKSONVILLE FL 32210

☐ Delete

TITLE  
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CITY-ST-ZIP  
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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

Date

Daytime Phone #

*Charles A. Perry III*  
Manager

3/14/01 (904) 389-4536

CR2E083 (11/00)