

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008559

1. Entity Name

AV-PARTS RESOURCES, LLC

Principal Place of Business

100 AVIATION DRIVE SOUTH, SUITE 202
NAPLES FL 34104

Mailing Address

100 AVIATION DRIVE SOUTH, SUITE 202
NAPLES FL 34104

FILED

01 FEB -1 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 Aviation Drive South

3. Mailing Address

100 Aviation Dr South

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

Naples FL

City & State

Naples FL

Zip

34104

Country

Collier

Zip

34104

Country

Collier

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCARDLE, MICHAEL W
850 PARKSHORE DRIVE
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name John Villada Jr

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

100 Aviation Dr South Suite 202

City Naples

FL

Zip Code 34104

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

TITLE MGR
NAME VILLADA, JOHN
STREET ADDRESS 100 AVIATION DRIVE SOUTH, SUITE 202
CITY-ST-ZIP NAPLES FL 34104

TITLE MGR
NAME BURCHILL, G. STUART
STREET ADDRESS 100 AVIATION DRIVE SOUTH, SUITE 202
CITY-ST-ZIP NAPLES FL 34104

TITLE MGR
NAME Wally Hillard
STREET ADDRESS 100 Aviation Dr South Suite 202
CITY-ST-ZIP Naples FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME
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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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (11/00)

0020673 AF