

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L42570**

1. Entity Name  
**AVIATION MARINE INTERNATIONAL, INC.**



**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90010 040 \*\*\*558.75

Principal Place of Business

**190 LYMAN ROAD  
SUITE 120  
CASSELBERRY FL 32707  
US**

Mailing Address

**190 LYMAN ROAD  
SUITE 120  
CASSELBERRY FL 32707  
US**

00000011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2984828**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COOMBS, ROBERT J  
8206 PAMLICO ST  
ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name

**SAME**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ADAMS, JON R 4264 CLOVERLEAF PLACE CASSELBERRY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADAMS, TERESA D 4264 CLOVERLEAF PLACE CASSELBERRY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD COMBEE, KEVIN C 1320 FLATWOODS ROAD MIMS FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD COMBS, ROBERT J 8206 PAMLICO STREET ORLANDO FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTSD COOMBS, ROBERT J 8206 PAMLICO ST. ORLANDO, FL 32817</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 report 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

9-4-00

Date

Daytime Phone #

Attachment  
L 42670  
A0078911

Please note correct  
spelling of the  
name "COOMBS"  
and change in titles,  
which are:  
Chairman, Treasurer,  
Secretary & Director  
Thank you,  
Rfk