

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2001 8:00 am
Secretary of State

08-01-2001 90199 041 ***158.75
 08-23-2001 90001 035 ***400.00

DOCUMENT # L42570

1. Entity Name

AVIATION MARINE INTERNATIONAL, INC.

Principal Place of Business:

190 LYMAN ROAD
 SUITE 120
 CASSELBERRY FL 32707
 US

Mailing Address

190 LYMAN ROAD
 SUITE 120
 CASSELBERRY FL 32707
 US

00075465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

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

7. Name and Address of New Registered Agent

COOMBS, ROBERT J
8206 PAMUNCO ST
ORLANDO FL 32817

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PO	<input type="checkbox"/> Delete
NAME	ADAMS, JON R	
STREET ADDRESS	4284 CLOVERLEAF PLACE	
CITY-STATE-ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, TERESA D	
STREET ADDRESS	4284 CLOVERLEAF PLACE	
CITY-STATE-ZIP	CASSELBERRY FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	COMBEE, KEVIN C	
STREET ADDRESS	1320 FLATWOODS ROAD	
CITY-STATE-ZIP	MIMS FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	COMBS, ROBERT J	
STREET ADDRESS	8206 PAMUNCO STREET	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	CDST	<input type="checkbox"/> Delete
NAME	COOMBS, ROBERT J.	
STREET ADDRESS	8206 PAMUNCO ST.	
CITY-STATE-ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J. Coombs

7/26/01

407-830-4200

CR2E034 (1/0/00)

Attachment D# L42570
C0075465



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

August 3, 2001

AVIATION MARINE INTERNATIONAL, INC.
190 LYMAN ROAD
SUITE 120
CASSELBERRY, FL 32707 US

Subject: AVIATION MARINE INTERNATIONAL, INC.

Reference Number: L42570

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$391.25. $+ 8.75 = 400.00$

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs

ANNUAL REPORTS SECTION