

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46004

1. Entity Name

AVIATION REPAIR & SERVICES, INC.

Principal Place of Business

9485 REGENCY SQUARE BLVD. SUITE 425  
JACKSONVILLE FL 32225  
US

Mailing Address

9485 REGENCY SQUARE BLVD. SUITE 425  
JACKSONVILLE FL 32225-8156  
US

2. Principal Place of Business

1902 Southampton Rd  
Suite, Apt. #, etc.

3. Mailing Address

same as #2  
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-2996712

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32207

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITE, L EMORY  
9485 REGENCY SQUARE BLVD, SUITE 425  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

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, 2000 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	PST	<input type="checkbox"/> Delete
NAME	WHITE, L E	
STREET ADDRESS	9485 REGENCY SQUARE BLVD, SUITE 425	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, L E	
STREET ADDRESS	9485 REGENCY SQUARE BLVD, SUITE 425	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICKO, ALFREDO	
STREET ADDRESS	9485 REGENCY SQUARE BLVD, SUITE 425	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 of L. Emory White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-18-2000 90169 008 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CD05024 0/000