

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53234

1. Entity Name

AEROSPACE COMPONENTS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90015 003 \*\*\*150.00

Principal Place of Business

Mailing Address

%ALAN J. KUSSY  
10681 75TH ST NORTH  
LARGO FL 34647

2625 75th STN  
ST PETE FL  
33710

%ALAN J. KUSSY  
10681 75TH ST NORTH  
LARGO FL 33775-3015

P.O. Box  
49297  
ST PETE FL  
33743-9297



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

59-3004306

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

KUSSY, ALAN J.  
10681 75TH ST NORTH  
LARGO FL 34647

CHANGE ADDRESS  
2625 75th STN  
ST PETE FL 33710

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME KUSSY, ALAN J  
STREET ADDRESS 7566 N 124TH ST  
CITY-ST-ZIP SEMINOLE FL

☐ Delete

TITLE VP  
NAME KUSSY, KIMBERLY A  
STREET ADDRESS 7566 N 124TH ST  
CITY-ST-ZIP SEMINOLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly A Kussy (VP)

Date

Daytime Phone #

x 4/24/00 x 727 347 9915

CR2E034 (9/99)