

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90188 017 \*\*\*150.00

**DOCUMENT # L79876**

1. Entity Name  
**EXECUTIVE AVIONICS, INC.**

Principal Place of Business <b>1995 W COMMERCIAL BLVD SUITE L          FT LAUDERDALE FL 33309          US</b>	Mailing Address <b>1995 W COMMERCIAL BLVD SUITE L          FT LAUDERDALE FL 33309-7130          US</b>
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00026184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1685 W. Commercial          Suite, Apt. #, etc.          Box L 14          City &amp; State          Fort Lauderdale FL          Zip          33309          Country          USA</b>	3. Mailing Address <b>SAME          Suite, Apt. #, etc.          SAME          City &amp; State          SAME          Zip          33309          Country          USA</b>
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4. FEI Number **59-3044855**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CAHOON, DANIEL  
 1995 W COMMERCIAL BLVD SUITE L  
 FT LAUDERDALE FL 33309**

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 **Daniel Cahoon** DATE **2-16-2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CAHOON, DANIEL 5350 NW 21ST AVE FT. LAUDERDALE FL</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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 an other like empowered.

SIGNATURE DATE **2-14-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #