

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90154 005 \*\*\*\*50.00

**DOCUMENT # L98000001170**

1. Entity Name

**AERO DEVELOPMENT CONSULTANTS, L.C.**



Principal Place of Business

Mailing Address

**1700 SCENIC HIGHWAY, UNIT 701  
PENSACOLA FL 32505**

**1700 SCENIC HIGHWAY, UNIT 701  
PENSACOLA FL 32505**

00003707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3521519**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FURLONG, GEORGE M JR  
1700 SCENIC HIGHWAY, UNIT 701  
PENSACOLA FL 32503**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** **E**  
NAME **FURLONG, GEORGE M JR.**  
STREET ADDRESS **1700 SCENIC HWY #701**  
CITY-ST-ZIP **PENSACOLA FL 32503**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP**  
NAME **TAYLOR, RODNEY**  
STREET ADDRESS **2240 INVERNESS DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32503**

☐ Delete

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/11/03

850,453-2389

CR2E083 (10/02)