

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005418

1. Entity Name

AVIATION AND SPACE TECHNOLOGY ACADEMY, INC.

Principal Place of Business

600 S. CLYDE MORRIS BOULEVARD
DAYTONA BEACH FL 32114

Mailing Address

600 S. CLYDE MORRIS BOULEVARD
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3742518

Applied For

Not Applicable

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

MACDOUGALL, THOMAS R
600 S. CLYDE MORRIS BOULEVARD
DAYTONA BEACH FL 32114

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

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKIEWICZ, STAN 600 S. CLYDE MORRIS BOULEVARD DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JOST, ROBERT A 600 S. CLYDE MORRIS BOULEVARD DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACDOUGALL, THOMAS R 600 S. CLYDE MORRIS BOULEVARD DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete
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CR2E037 (4/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

8-22-02

Date

386-226-6253

Daytime Phone #

FILED
Oct 02, 2002 8:00 am
Secretary of State

09-09-2002 90022 004 ****61.25

43445

DO NOT WRITE IN THIS SPACE