

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005418

FILED  
Jan 17, 2003  
Secretary of State

**Entity Name:** AVIATION AND SPACE TECHNOLOGY ACADEMY, INC.

**Current Principal Place of Business:**

600 S. CLYDE MORRIS BOULEVARD  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

600 S. CLYDE MORRIS BOULEVARD  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

**FEI Number:** 59-3742518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MACKIEWICZ, STAN  
Address: 600 S. CLYDE MORRIS BOULEVARD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: CFOD ( ) Delete  
Name: JOST, ROBERT A  
Address: 600 S. CLYDE MORRIS BOULEVARD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD ( ) Delete  
Name: MACDOUGALL, THOMAS R  
Address: 600 S. CLYDE MORRIS BOULEVARD  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R MACDOUGALL

SD

01/17/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date