

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90123 017 ***150.00

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 AV

DOCUMENT # P00000007650

1. Entity Name
AAR QUALITY FIBERGLASS REPRODUCTIONS, INC.

Principal Place of Business

~~348 WILLIAMS POINT BLVD~~
COCOA FL 32927

Mailing Address

~~348 WILLIAMS POINT BLVD~~
COCOA FL 32927

2. Principal Place of Business

3170 Grissom Hwy
 Suite, Apt. #, etc.

3. Mailing Address

4800 Pine St
 Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Cocoa FL

4. FEI Number

59-3617742

Applied For

Not Applicable

Zip

32926

Country

Brevard

Zip

32926

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLARD, ALAN

~~348 WILLIAMS POINT BLVD~~

~~COCOA FL 32927~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4800 Pine St

City

Cocoa

FL

Zip Code

32926

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/26/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **D** ☐ Delete
 NAME **ALLARD, ALAN**
 STREET ADDRESS **348 WILLIAMS POINT BLVD**
 CITY-ST-ZIP **COCOA FL 32927**

TITLE **D** ☐ Delete
 NAME **ALLARD, ROBYN**
 STREET ADDRESS **348 WILLIAMS POINT BLVD**
 CITY-ST-ZIP **COCOA FL 32927**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4800 Pine St**
 CITY-ST-ZIP **Cocoa FL 32926**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4800 Pine St**
 CITY-ST-ZIP **Cocoa FL 32926**

TITLE ☐ Change ☐ Addition
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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 321-638-0961

Date

Daytime Phone #

CP2E034 (9/01)