2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000008425					07-21-2000 90002 041 *** 150.00			
1. Entity Name AERO PAR SAV, INC.		R			FILED			
Principal Plac 2710 JOHN HI PALM COAST	EET		00 JUL 21 AN 8: 29 SECRETARY OF STATE TALLAHASSEE FLORIDA					
2. Principal P	N BULL ST.		DO NOT WRITE IN THIS SPACE					
Zip	ER BEACH FL Country	City & State FLACLER &S Zip 32136	Country	4	FEI Number 88-03735 Certificate of Status De	eirod 🗆		
3213	6. Name and Address of Current		<u>USA</u>	7.	. Name and Address of			
BRUCE, DON 2710 JOHN HILL BULL STREET FLAGLER BEACH FL 32136				Address (P.O. Box Number is Not Acceptable) 710 JOHN BULL ST. 1861ER BEACH FL Zip Code 32/36				
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, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when remistating) CATE SIGNATURE SIGNATURE								
Tax filing r	oration is eligible to satisty its Intangible equirement and elects to do so. Ita on back)	10. Election Camps Trust Fund Con			O May Be to Fees			
11.	OFFICERS AND		12.		ADDITIONS/CHANGES	O OFFICERS AND		S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD BRUCE, DON 2710 JOHN HILL BULL STREET PALM COAST FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2710	CE DON DOHN BUL LER BEACH		El Change	Addition S
TITLE NAME STREET ADDRESS	ST BRUCE, SUSAN 2710 JOHN HILL BULL STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRU	CE, SUSAN	ST	Dethange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALM COAST FL 32136	□ Defete	ITTLE NAME STREET ADDRESS CITY-ST-ZIP	# 1216	LEL BEACH	<u> </u>	☐ Change	Addition
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13. I hereby	certify that the information supplied with	this filing does not qualify for	the exemption stat	ted in Section	n 119.07(3)(i), Florida St	atutes, 1 further cert	ify that the in	formation

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:

COCHATERE REQUISTISAN BRUCE

7-11-00

904-439-1926

DO TO INCORRECT ADDRESS DID NOT RECEIVE FIRST NOTICE OF UBR REPORT. 2ND notice Received 7-10-00. I AM SENDING THE CORRECT INFORMATION TO YOU WITH A Check FOR \$150.00. IF YOU have Any Further questions, please contact me.

Swan Bruce

SUSAN BRUCE

2010 JOHN BULL ST.

FLAGUER BEACH FL 32136

Phone # 904-439-1926

PLEASE NOTE ATTACHED SHEETS.
FILED DEC 29 1979
WITH CORRECT MAILING AddRESS