## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPE

## FILED Mar 20, 2001 8:00 am DOCUMENT # P0000010923 Secretary of State 1. Entity Name ANTHONY AVIATION CENTER, INC. 03-20-2001 90038 001 \*\*\*158.75 Principal Place of Business Mailing Address 1624 E. SUNRISE BLVD. 1624 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 66968007 2. Principal Place of Business 3. Mailing Address 10 St. <u>1401 NE 10 St.</u> 1401 NE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 52 - 3523 Pompano Beach Applied For City & State Ompano Beach FLNot Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS resident TITLE ☐ Change ☐ Addition TITLE Delete Ray G. Anthony NAME NAME STREET ADDRESS 2561 NW 79 Ave STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Coral Springs 7L 33065 ☐ Delete ☐ Addition TITLE Treasurer ☐ Change TITLE William B. Kania NAME NAME 906 BIRdie Way STREET ADDRESS STREET ADDRESS 33572 Apollo Beach Fl CITY-ST-ZIP CITY-ST-ZIP Secretary Change Barry Smoker 3060 NE 46 St. TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS H lauderdale CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS 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 lither like empowered.

ME OF SIGNING OFFICER OR DIRECTOR