

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90031 047 ***150.00

DOCUMENT # P00000014488

1. Entity Name

AERO MAINTENANCE of South Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2633 LANTANA ROAD

Suite, Apt. #, etc.

HANGAR 214, Suite 35

City & State

LANTANA, FLORIDA

Zip

33462

Country

USA

3. Mailing Address

2633 LANTANA ROAD

Suite, Apt. #, etc.

HANGAR 214, Suite 35

City & State

LANTANA, FLORIDA

Zip

33462

Country

U.S.A.

4. FEI Number

65-0676459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DOUGLAS WORSHAM

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

92 BARBERTON ROAD

City

LAKE WORTH

FL

Zip Code

33467

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

DOUGLAS WORSHAM

(NOTE: Registered Agent signature required when reinstating)

4/29/02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	DOUGLAS WORSHAM
STREET ADDRESS	92 BARBERTON ROAD
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Attachment # P00000014488
MIC

PLEASE note that FEI number
IS INCORRECT FOR LAST YEAR.

Thank you,

D.W.

13. I hereby certify that the information supplied with this filing does not qualify for

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUG WORSHAM

4/29/02

Date

561 965 0372

Daytime Phone #