

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90101 011 ***158.75

DOCUMENT # P00000029436

1. Entity Name
AERO SYSTEMS INTEGRATION INC.

Principal Place of Business
**VANDENBERG AIRPORT
 6582 EUREKA SPRINGS ROAD
 TAMPA FL 33610**

Mailing Address
**VANDENBERG AIRPORT
 6582 EUREKA SPRINGS ROAD
 TAMPA FL 33610**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3634408

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEAN, MICHAEL J
 VANDENBERG AIRPORT
 6582 EUREKA SPRINGS ROAD
 TAMPA FL 33610**

Name

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

City

FL

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)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **DEAN, MICHAEL J**
 STREET ADDRESS **4310 ROXBROUGH PLACE**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **President** ☒ Change ☐ Addition
 NAME **DEAN, MICHAEL J.**
 STREET ADDRESS **10319 Birdwatch Dr.**
 CITY-ST-ZIP **Tampa, FL 33647**

TITLE **D** ☐ Delete
 NAME **BALLARD, GARY D**
 STREET ADDRESS **1443 E. MACPHAIL RD.**
 CITY-ST-ZIP **BEL AIR MD 21015**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **FITCH, BRYAN A**
 STREET ADDRESS **9543 HICKORY HURST DRIVE**
 CITY-ST-ZIP **BALTIMORE MD 21236**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Rosalind M. Dean**
 STREET ADDRESS **10319 Birdwatch Dr.**
 CITY-ST-ZIP **Tampa, FL 33647**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D. James DUFFY** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **2811 Gillis Rd.**
 CITY-ST-ZIP **MT AIRY MD 21771**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D.** ☐ Change ☐ Addition
 NAME **Charles W Dunn**
 STREET ADDRESS **7822 Fulker Rd.**
 CITY-ST-ZIP **Severna, MD 21144**

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01 (813) 626-6066

CR2E034 (10/00)