

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058299

1. Entity Name  
DAVID OOSTING AVIATION, INC.

FILED

01 NOV -7 PM 4:56

Principal Place of Business  
715 BUNKER VIEW DR  
APOLLO BEACH FL 33572

Mailing Address  
715 BUNKER VIEW DR  
APOLLO BEACH FL 33572

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593452845

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

BEELER, BARBRA

~~209 S BRADFORD AVE~~ 715 Bunker View Dr  
~~TAMPA FL 33600~~ Apollo Beach FL 33572

Name Beelen, Barbra

Street Address (P.O. Box Number is Not Acceptable)  
715 Bunker View Dr

City Apollo Beach

FL

Zip Code 33572

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 Barbra Beelen

Barbra Beelen

11-7-01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
NAME OOSTING, DAVID L  
STREET ADDRESS 715 BUNKER VIEW DR  
CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Delete

TITLE  
NAME 500004733585-1  
STREET ADDRESS -12/20/01--01009--024  
CITY-ST-ZIP \*\*\*\*\*758.75 \*\*\*\*\*758.75 ☐ Change ☐ Addition

TITLE D  
NAME OOSTING, SHERI L  
STREET ADDRESS 715 BUNKER VIEW DR  
CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

David Oosting

11-7-01

(813) 499-9096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0120338 AT

CR2E034 (5/01)