

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

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90065 022 ***150.00

DOCUMENT # **P00000072394**
1. Entity Name
**FLORIDA AIRCRAFT AND
BOAT PARTS AND SALVAGE, INC.**



DO NOT WRITE IN THIS SPACE

94067672

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ROCKLEDGE FL.
Suite, Apt. #, etc. **/**

3. Mailing Address
2163 ROCKLEDGE DR.
Suite, Apt. #, etc.

City & State **2163 ROCKLEDGE DR.**
ROCKLEDGE FL

City & State
ROCKLEDGE FL

4. FEI Number
59-3665080

Applied For
☒ Not Applicable

Zip
32955

Country
BREVARD

Zip
32955

Country
BREVARD

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WILLIAM H. DONNELL

Street Address (P.O. Box Number is Not Acceptable)
2163 ROCKLEDGE DRIVE

City **ROCKLEDGE** FL Zip Code **32955**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
WILLIAM H. DONNELL
2163 ROCKLEDGE DR.
ROCKLEDGE FL 32955

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other lines empowered.

SIGNATURE: **WILLIAM H. DONNELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04 **321-632-2877**

Date

Daytime Phone #

CR2E034B (12/02)