

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000087801****1. Entity Name**  
**CMW AVIATION SUPPLIES, INC.****Principal Place of Business****1362 WASHINGTON DR.  
VENICE FL 34293****Mailing Address****1362 WASHINGTON DR.  
VENICE FL 34293****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**6. Name and Address of Current Registered Agent****T & H COMPTROLLERS, INC.  
312-E- VENICE AVE., #120  
VENICE FL 34292****4. FEI Number****65-1045832**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75 Additional  
Fee Required****7. Name and Address of New Registered Agent**

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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FELDBAUER, MICHAEL</b>	
STREET ADDRESS	<b>7 WOMPAG RD.</b>	
CITY-ST-ZIP	<b>WESTERLY RI 02891</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRISWOLD, CAROLYN</b>	
STREET ADDRESS	<b>93 STEEP HOLLOW LANE</b>	
CITY-ST-ZIP	<b>MANCHESTER CT 06040</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DELP, WARREN E</b>	
STREET ADDRESS	<b>1362 WASHINGTON DR.</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>286 Shore Drive</b>	
CITY-ST-ZIP	<b>Westerly, RI 02891</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 other like empowered.****SIGNATURE:** Warren E. Delp  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-23-01 941-493-0942  
Date Daytime Phone #**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90184 038 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)