

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094296

1. Entity Name

CLEARWATER AIRCRAFT MAINTENANCE AND SERVICES, IN

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90339 016 ***150.00

Principal Place of Business

328 DISSTON AVENUE NORTH
TARPON SPRINGS FL 34689

Mailing Address

328 DISSTON AVENUE NORTH
TARPON SPRINGS FL 34689

2. Principal Place of Business

14421 AIRPORT PARKWAY
Suite, Apt. #, etc.

3. Mailing Address

14421 AIRPORT PARKWAY
Suite, Apt. #, etc.

City & State

CLEARWATER FLORIDA

City & State

CLEARWATER, FLORIDA

Zip

33762

Country

USA

Zip

33762

Country

USA

4. FEI Number

59-3676594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALOUF, WALDENSE D ESQ.
700 DELAWARE AVENUE
PALM HARBOR FL 34683

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.

PRESIDENT

(NOTE: Registered Agent signature required when re-issuing)

APRIL 23, 2001

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 PD
NAME MALOUF, MATTHEW H
STREET ADDRESS 328 DISSTON AVENUE NORTH
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE STD
NAME EMSHOFF, CLARENCE E
STREET ADDRESS 696 SNUG ISLAND STREET
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 attached document in an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW MALOUF

APRIL 23, 2001

Date

Daytime Phone #

(727) 507-8881

CR2E034 (10/00)