

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90153 048 ***550.00

0140715 SP

DOCUMENT # P00000097652

1. Entity Name

CAMILLA AIRCRAFT INTERIORS, INC.

Principal Place of Business

**1911 RACHLAND TRAIL
 LONGWOOD FL 32750**

Mailing Address

**1911 RACHLAND TRAIL
 LONGWOOD FL 32750**

2. Principal Place of Business

3. Mailing Address

2751 FLIGHTLINE AVE,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

4. FEI Number

59-3677409

Applied For

Not Applicable

Zip

32773

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**IHRISKY, PETER M
 1911 RACHLAND TRAIL
 LONGWOOD FL 32750**

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 \$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

TITLE ☐ Delete
 NAME **PRES**
 STREET ADDRESS **PETER M IHRISKY**
 CITY-ST-ZIP **1911 RACHLAND TR**
LONGWOOD, FL 32750

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **CURTIS MYERS**
 CITY-ST-ZIP **2850 AILEEN CR.**
SANFORD, FL 32773

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-08-01

Date

Daytime Phone #

CR2F02:15/01