

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108656

1. Entity Name
AEROSPACE CORP., INC.

Principal Place of Business
4224 OYSTER BAY DR
FERNANDINA BEACH FL 32034

Mailing Address
4224 OYSTER BAY DR
FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JACOBS, ARTHUR I
4224 OYSTER BAY DR
FERNANDINA BEACH FL 32034

REINSTATEMENT 01-02

4. FEI Number

59-3689540

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 \$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	D	Delete
NAME	LEVIN, MARTIN	
STREET ADDRESS	4224 OYSTER BAY DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	Delete
NAME	HANSEN, LARS	
STREET ADDRESS	4224 OYSTER BAY DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	Delete
NAME	BENGSTON, STELLAN	
STREET ADDRESS	4224 OYSTER BAY DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
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
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

02/25/02 90074 039 \$900.00

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

Date

Daytime Phone #

CP20034 (5/01)

0000018 AV

FILED

02 MAR 20 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

