

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90148 005 ***150.00

DOCUMENT # P01000017688

1. Entity Name

VAT AIRCRAFT MAINTENANCE SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8265-44th ST. N.

Suite, Apt. #, etc.

3. Mailing Address

8265-44th ST. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PINELLAS PARK FL

City & State

PINELLAS PARK FL

4. FEI Number

59-3690938

Applied For

Not Applicable

Zip

33781

Country

USA

Zip

33781

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

VITO A. TESORO

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

8265-44th ST. N.

City

PINELLAS PARK

FL

Zip Code

33781

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>VITO A. TESORO</u> <u>8265-44th ST. N.</u> <u>PINELLAS PARK, FL 33781</u>
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

VITO A. TESORO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02 727 5498411

Date

Daytime Phone #

VITO A TESORO

CR2E034B (12/01)