

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0004809 AV

DOCUMENT # P01000030729

1. Entity Name
AVIATION & PRODUCT SAFETY CONSULTANTS, INC.

FILED

03 SEP 10 AM 9:48

Principal Place of Business
875 BONAIRE CIRCLE
JACKSONVILLE BEACH FL 32250Mailing Address
875 BONAIRE CIRCLE
JACKSONVILLE BEACH FL 32250SECRETARY OF STATE
TALLAHASSEE, FLORIDA
4-21-03 90488 002 150

81-0611588

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FEE Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACIEJEWSKI, DONALD M
875 BONAIRE CIRCLE
JACKSONVILLE BEACH FL 32250

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution.☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MACIEJEWSKI, DONALD M
STREET ADDRESS 875 BONAIRE CIRCLE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VSD
NAME MACIEJEWSKI, JUDY A
STREET ADDRESS 875 BONAIRE CIRCLE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 Sept 03 (904) 353-3222

CR2E034 (4/03)