

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0339299 AV

DOCUMENT # P01000034923

1. Entity Name
FLY SAFE AEROSPACE, INC.

03-13-2002 90149 010 ***158.75

Principal Place of Business
3702 WEST LAKE ESTATES DR.
DAVIE FL 33328

Mailing Address
3702 WEST LAKE ESTATES DR.
DAVIE FL 33328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1092633

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

PETRONELLA, ROBERT
3702 WEST LAKES ESTATES DR.
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name
DAVID M. GAYNES, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
7153 Catania Drive

Boynton Beach, Florida 33437

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 *David M. Gaynes*
 Signature, typed or printed name of registered agent and title if applicable.

David M. Gaynes, Esquire 1/21/2002

(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 \$150.00
After May 1, 2002 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 **D** ☐ Delete
 NAME **PETRONELLA, ROBERT**
 STREET ADDRESS **3702 WEST LAKE ESTATES DR.**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

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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:

Robert Petronella
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT PETRONELLA

OWNER

1/21/2002

Date

Daytime Phone #

CR2E034 (9/01)