

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

0125866 AV

DOCUMENT # P01000057441

1. Entity Name
CANAVERAL PROPELLERS INC.



04-25-2003 90160 034 ***150.00

Principal Place of Business
11 RIDGEWAY AVENUE
COCOA FL 32922

Mailing Address
P O BOX 337
COCOA FL 32923



2. Principal Place of Business

750-B Mullet Dr

3. Mailing Address

750-B Mullet Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Cape Canaveral FL

City & State

Cape Canaveral FL

4. FEI Number

59-3731263

Applied For

Not Applicable

Zip

Country

32920

Brevard

Zip

Country

32920

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OHMAN, LARRY S
11 RIDGEWAY AVENUE
COCOA FL 32922

7. Name and Address of New Registered Agent

Name: OHMAN, Larry S
Street Address (P.O. Box Number is Not Acceptable)

750-B Mullet Dr

City: Cape Canaveral

FL

Zip Code
32920

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME OHMAN, LARRY S
STREET ADDRESS 250 NORTH BANANA ROAD
CITY-ST-ZIP MERRITT ISLAND FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

321-784-2890

Date

Daytime Phone #

CR2E034 (10/02)