

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000121216

1. Entity Name

AEROJET ENGINEERING, INC

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90153 027 \*\*\*150.00

|  |  |
|--|--|
| Principal Place of Business                  | Mailing Address                              |
| 6601 SW 6 STREET<br>PEMBROKE PINES, FL 33023 | 6601 SW 6 STREET<br>PEMBROKE PINES, FL 33023 |

10004344

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite Apt.#, etc.              |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

DO NOT WRITE IN THIS SPACE

|               |                |
|---------------|----------------|
| 4. FEI Number | Applied For    |
| 30-0001896    | Not Applicable |

|                                  |                                |
|----------------------------------|--------------------------------|
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/>         |                                |

|  |
|--|
| 6. Name and Address of Current Registered Agent                  |
| SANTOS, DIOCENYR<br>6601 SW 6 STREET<br>PEMBROKE PINES, FL 33023 |

|  |
|--|
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2003 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                     |  | 12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SANTOS, DIOCENYR<br>4590 NW 79TH AVENUE #2A<br>MIAMI, FL 33166 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | PD<br>SANTOS, DIOCENYR<br>6601 SW 6 STREET<br>MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), Florida Statutes. I further certify that the information indicated on this report of 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 N 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

04/07/03

Date Daytime Phone #