

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90363 008 \*\*\*150.00

**DOCUMENT # P02000052531**

1. Entity Name  
**AERO ELITE ALLSTARS, INC**



Principal Place of Business  
**125 ALDEA CT.  
PORT SAINT LUCIE FL 34952**

Mailing Address  
**125 ALDEA CT.  
PORT SAINT LUCIE FL 34952  
US**

2. Principal Place of Business  
**551 S.E. Volkerts Terr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**551 SE Volkerts Terr**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Pt. St. Lucie, FL**  
Zip  
**34983**  
Country  
**St. Lucie**

City & State  
**Pt. St. Lucie, FL**  
Zip  
**34983**  
Country  
**St. Lucie**

4. FEI Number  
**020603145**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BOEHM, DIANA C  
125 ALDEA CT  
PORT SAINT LUCIE FL 34952**

**7. Name and Address of New Registered Agent**

Name  
**Diana L. Childress**  
Street Address (P.O. Box Number is Not Acceptable)  
**551 SE Volkerts Terrace**  
City  
**Pt. St. Lucie FL** Zip Code  
**34983**

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 *Diana L. Childress* **Diana L. Childress** **4/27/03**  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOEHM, DIANA C</b> <b>125 ALDEA COURT</b> <b>PORT SAINT LUCIE FL 34952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ANNONE, ANASTASIA B</b> <b>3116 SEDGEFIELD GATE RD.</b> <b>GREENSBORO NC 27407</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BLOUNT, TRACY L</b> <b>125 ALDEA CT</b> <b>PORT SAINT LUCIE FL 34952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCPEEK, MICHELE</b> <b>1319 SW INGRASSING AVE.</b> <b>PORT SAINT LUCIE FL 34953</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Childress, Diana L.</b> <b>551 S.E. Volkerts Terrace</b> <b>Port St. Lucie, FL 34983</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Childress, Frances A.</b> <b>3116 Sedgefield Gate Rd</b> <b>Greensboro, NC 27407</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Diana L. Childress* **Diana L. Childress** **4/27/03** **772-879-2659**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **772-529-6803**

CR2E034 (10/02)