

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14599

1. Entity Name

AVIATION SYSTEMS INTERNATIONAL, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90082 033 ***150.00

Principal Place of Business

1377 CLINT MOORE ROAD
BOCA RATON FL 33487
US

Mailing Address

PO BOX 3020
BOCA RATON FL 33431-0920
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2810906

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

WILLIAM GRAY

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

1377 Clint Moore Rd

Boca Raton FL 33487

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

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

William L. Gray, CEO

(NOTE: Registered Agent signature required when reinstating)

4/10/00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	RAYMAN, LAWRENCE	
STREET ADDRESS	1377 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RAYMAN, BIRGITTA	
STREET ADDRESS	1377 CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALPERT, ETHAN	
STREET ADDRESS	1377 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
NAME	Ralph STEWART	
STREET ADDRESS	1377 Clint Moore Rd	
CITY-ST-ZIP	Boca Raton FL 33487	
TITLE	D	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
NAME	Paul WHITING	
STREET ADDRESS	1377 Clint Moore Rd	
CITY-ST-ZIP	Boca Raton FL 33487	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ethan ALPERT	
STREET ADDRESS	1377 Clint Moore	
CITY-ST-ZIP	Boca Raton FL 33487	
TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James HERRMAN	
STREET ADDRESS	1377 " " "	
CITY-ST-ZIP	Boca " " "	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip SAUDER	
STREET ADDRESS	1377 " " "	
CITY-ST-ZIP	Boca " " "	
TITLE	CEO D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William GRAY	
STREET ADDRESS	1377 " " "	
CITY-ST-ZIP	Boca " " "	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burton MCGILLIVRAY	
STREET ADDRESS	1377 " "	
CITY-ST-ZIP	Boca " "	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis DUNN	
STREET ADDRESS	1377 " " "	
CITY-ST-ZIP	Boca " " "	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Gray

Date

Daytime Phone #

4/10/00 561-241-9599

CR2E034 (9/99)