

**2001 UNIFORM BUSINESS REPORT (UBR)**

5

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90165 033 \*\*\*150.00

**DOCUMENT # P14599**

1. Entity Name

**AVIATION SYSTEMS INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

1377 CLINT MOORE ROAD  
 BOCA RATON FL 33487  
 US

PO BOX 3020  
 BOCA RATON FL 33431-0920  
 US

47014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1701 B CLINT MOORE RD  
 Suite, Apt. #, etc.

1701 B CLINT MOORE RD  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2810906

Applied For

BOCA RATON FL

BOCA RATON FL

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

33487

USA

33487

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, WILLIAM  
 1377 CLINT MOORE ROAD  
 BOCA RATON FL 33487

Name

WILLIAM GRAY

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

1701 B CLINT MOORE RD

City

BOCA RATON

FL

Zip Code

33487

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

*William L Gray* WILLIAM L GRAY CEO APRIL 26 2001

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

(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, 2001 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 checked="" type="checkbox"/> Delete
NAME	RAYMAN, LAWRENCE	
STREET ADDRESS	1377 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VST	<input type="checkbox"/> Delete
NAME	HERRMAN, JAMES	
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	D	<input type="checkbox"/> Delete
NAME	SAUDER, PHILIP	
STREET ADDRESS	1377 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, RALPH	
STREET ADDRESS	1377 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITING, PAUL	
STREET ADDRESS	1377 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GRAY	
STREET ADDRESS	1701 B CLINT MOORE RD.	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES HERRMAN	
STREET ADDRESS	1701 B CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIP SAUDER	
STREET ADDRESS	1701 B CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH STEWART	
STREET ADDRESS	1701 B CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL WHITING	
STREET ADDRESS	1701 B CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON, FL 33487	

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 of Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William L Gray* WILLIAM L GRAY CEO 26 APRIL 2001 241 9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

*James R Herrman* MAY 29, 2001 (561) 241-9599

JAMES R HERRMAN

CR2E094 (10/00)