

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 04, 2000 8:00 am**
Secretary of State

03-04-2000 90006 003 ***150.00

DOCUMENT # *P31264***1. Entity Name****AIR PARTS OF LOCK HAVEN, INC** ✓**Principal Place of Business****Mailing Address****Hangar 3
Piper Airport
Lock Haven, PA 17745
US****P.O.Box 418
Lock Haven, PA 17745
US****2. Principal Place of Business****3. Mailing Address****P.O.Box 2765****Suite, Apt. #, etc.****Suite, Apt. #, etc.****City & State****City & State****Ver0 Beach, FL****4. FEI Number****23-2466682****Applied For****Not Applicable****Zip****Country****Zip****32961****Country****US****5. Certificate of Status Desired** ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

B0021698**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****Trent, Sharon
30 N. Grove St
Suite A
Merritt Island, FL 32952****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**

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, 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** **CPD** ☐ Delete
NAME **Price Jr., Sam**
STREET ADDRESS **1676 Stonecrop St.**
CITY-ST-ZIP **Sebastian, FL 32958****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VD** ☐ Delete
NAME **Gray, Richard**
STREET ADDRESS **1104 Worthington St.**
CITY-ST-ZIP **Springfield, MA 01109****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VTD** ☐ Delete
NAME **Larsen, Robert**
STREET ADDRESS **445 W. Church St.**
CITY-ST-ZIP **Lock Haven, PA 17745****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **S** ☐ Delete
NAME **Larsen, Cecilia**
STREET ADDRESS **445 W. Church St.**
CITY-ST-ZIP **Lock Haven, PA 17745****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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

Sam Price, Jr.**2/08/00**

Date

561-770-6350

Daytime Phone #

CR2E034 (9/99)