

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31266

1. Entity Name

AIR PARTS OF LOCK HAVEN, INC.

Principal Place of Business

HANGAR 3
PIPER AIRPORT
LOCK HAVEN PA 17745
US

Mailing Address

PO BOX 2765
VERO BEACH FL 32961
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2765

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BEACH, FLORIDA

Zip

Country

Zip

Country

32961

USA

6. Name and Address of Current Registered Agent

TRENT, SHARON
30 N. GROVE ST.
SUITE A
MERRITT ISLAND FL 32952

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

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

TITLE CPD ☐ Delete
NAME PRICE JR, SAM
STREET ADDRESS 1676 STONECROP ST.
CITY-ST-ZIP SABASTIAN FL 32958

TITLE VD ☐ Delete
NAME GRAY, RICHARD
STREET ADDRESS 1104 WORTHINGTON ST.
CITY-ST-ZIP SPRINGFIELD MA 01109

TITLE VTD ☐ Delete
NAME LARSEN, ROBERT
STREET ADDRESS 445 W. CHURCH ST.
CITY-ST-ZIP LOCK HAVEN PA 17745

TITLE S ☐ Delete
NAME LARSEN, CECILIA
STREET ADDRESS 445 W. CHURCH ST.
CITY-ST-ZIP LOCK HAVEN PA 17745

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, PRESIDENT

Date

Daytime Phone #

1-8-1 561-770-6350

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90003 044 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)