

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31877

1. Entity Name

CRESTVIEW AEROSPACE CORPORATION

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90139 023 ***150.00

Principal Place of Business

CRESTVIEW AEROSPACE CORP.
5486 FAIRCHILD ROAD
CRESTVIEW FL 32539-8157
US

Mailing Address

CRESTVIEW AEROSPACE CORP.
5486 FAIRCHILD ROAD
CRESTVIEW FL 32539-8157
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3042245

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
NAME SHANKLIN, CHARLES E.
STREET ADDRESS ESPERANZA
CITY-ST-ZIP VIEQUES PR 00765 ☐ Delete

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

TITLE SD
NAME SAWYER, JOHN
STREET ADDRESS 1 E. 4TH ST, 12TH FL
CITY-ST-ZIP CINCINNATI OH 45202 ☐ Delete

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

TITLE TD
NAME SHANKLIN, CHARLES R.
STREET ADDRESS 24368 U.S. RT. 36
CITY-ST-ZIP MILFORD CENTER OH 43045 ☐ Delete

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

TITLE P
NAME OWEN, JACK E
STREET ADDRESS 5486 FAIRCHILD RD
CITY-ST-ZIP CRESTVIEW FL 32539 ☒ Delete

TITLE P
NAME ALLEN O. KINZER
STREET ADDRESS 5486 FAIRCHILD RD
CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Change ☒ Addition

TITLE T
NAME HUNDLEY, DENNIS C
STREET ADDRESS 5486 FAIRCHILD RD
CITY-ST-ZIP CRESTVIEW FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Charles R. Shanklin

CHARLES R. SHANKLIN

Date

(850) 682-2746

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)