

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 an**  
**Secretary of State**

02-08-2000 90139 042 \*\*\*150.00

**DOCUMENT # P93000028503**

1. Entity Name

**D & S AVIATION AND MACHINE, INC.**

Principal Place of Business

Mailing Address

**435 B2 AIRPARK ROAD  
 EDGEWATER FL 32132**

**P.O. BOX 733  
 NEW SMYRNA BEACH FL 32170-0733  
 US**

00016009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3185291**

Applied  
 Not App.

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

**MOORE, THOMAS E  
 3251 VAIL VIEW COURT  
 DAYTONA BCH FL 32124**

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 Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **MOORE, THOMAS E**  
 STREET ADDRESS **3251 VAIL VIEW COURT**  
 CITY-ST-ZIP **DAYTONA BCH FL**

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

TITLE **ST** ☐ Delete  
 NAME **MOORE, KEITH O**  
 STREET ADDRESS **1625 SABAL PALM DR.**  
 CITY-ST-ZIP **EDGEWATER FL**

TITLE ☐ Change ☐  
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 CITY-ST-ZIP ☐ Change ☐

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, changed, or on an attachment with an address, with another line empowered.

SIGNATURE:

**THOMAS E. MOORE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/2000 (904) 409-7555**  
 Date Daytime Phone #