

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000030677

1. Entity Name

DEAL AEROSPACE CORPORATION

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90111 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
855-14 ST JOHNS BLUFF RD  
HANGAR C10  
JACKSONVILLE FL 32225  
US

Mailing Address  
855-14 ST JOHNS BLUFF RD  
HANGAR C10  
JACKSONVILLE FL 32225  
US

2. Principal Place of Business  
855-14 St. Johns Bluff Rd.

3. Mailing Address  
C10 Bartlett Deal, P.A.

Suite, Apt. #, etc.

50 Hwy A1A N., Ste 103

City & State  
Jax, FL

City & State  
Ponte Veda, FL

Zip  
32225

Country  
USA

Zip  
32082

Country  
USA

4. FEI Number 59-3182843

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAL, BLAKE F III  
650E PONTE VEDRA BLVD  
PONTE VEDRA BEACH FL 32082

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 \_\_\_\_\_ (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	D	<input type="checkbox"/> Delete	TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAL, BLAKE F III		NAME	Deal, Blake F. III	
STREET ADDRESS	P.O. BOX 1061 N/A		STREET ADDRESS	50 Hwy A1A N., Ste 103	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004		CITY-ST-ZIP	Ponte Veda, FL 32082	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Blake F. Deal, III PRESIDENT 4/18/00 904-285-5299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)