

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90014 031 ***150.00

DOCUMENT # P93000030677

1. Entity Name

DEAL AEROSPACE CORPORATION

549870



DO NOT WRITE IN THIS SPACE

Principal Place of Business
855-3 ST. JOHNS BLUFF RD.
JACKSONVILLE FL 32225
US

Mailing Address
% BARTLETT: DEAL, P.A.
~~**50 HWY A1A N. STE 100**~~
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
135 Professional Drive
 Suite, Apt. #, etc.
Suite 101

City & State
 Zip Country

City & State
 Zip Country

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 **Blake F. Deal III**

Street Address (P.O. Box Number is Not Acceptable)
c/o Bartlett & Deal, PA,
135 Professional Drive, Ste 101

City **Ponte Vedra** **FL** Zip Code **32082**

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 **Blake F. Deal III** **4/29/01**

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 NAME STREET ADDRESS CITY-ST-ZIP | D DEAL, BLAKE F III 40 HWY A1A N. STE 103 PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete |
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| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **4/29/01**

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

CR2E034 (10/00)