

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000016648**1. Entity Name
THE ARMBRUST AVIATION GROUP INC.Principal Place of Business
8340 STEEPLECHASE DRIVE
PALM BEACH GARDENS FL 33418
Mailing Address
8340 STEEPLECHASE DRIVE
PALM BEACH GARDENS FL 334182. Principal Place of Business
319 CLEMATIS STREET3. Mailing Address
319 CLEMATIS STREETSuite, Apt. #, etc.
211Suite, Apt. #, etc.
211City & State
WEST PALM BEACH FLCity & State
WEST PALM BEACH FLZip Country
33401Zip Country
334014. FEI Number
65-0488583Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentARMBRUST JOHN H
8340 STEEPLECHASE DRIVE

PALM BEACH GARDENS FL 33418 US

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)

04/17/2001

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	ARMBRVST PAULINE H	
STREET ADDRESS	8340 STEEPLECHASE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARMBRVST JOHN H	
STREET ADDRESS	8340 STEEPLECHASE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMBRUST PAULINE H	
STREET ADDRESS	8340 STEEPLECHASE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMBRUST JOHN H	
STREET ADDRESS	8340 STEEPLECHASE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JOHN H. ARMBRUST

P

04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)