

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90091 002 ***150.00

DOCUMENT # P94000047912

1. Entity Name

A.M.A. AIRCRAFT REFINISHING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2633 LANTANA ROAD

Suite, Apt. #, etc.
STE. 25

City & State
LANTANA, FL

Zip
33462

Country
USA

3. Mailing Address



Mr. Michael Skoien
11550 NW 6th Pl
Plantation, FL 33325

DO NOT WRITE IN THIS SPACE

4. FEI Number
650512951

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
SKOEN, MICHAEL R.

Street Address (P.O. Box Number is Not Acceptable)

11550 NW 6TH PLACE

City
PLANTATION

FL

Zip Code
33325

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DIRECTOR, PRESIDENT. SKOEN, MICHAEL
R., 11550 NW 6TH PLACE, PLANTATION FL
33325-1913

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DIRECTOR, SECRETARY. MARKIS, DEAN
1647 BREEZE RD. WEST PLAM BEACH FL
33415-5503

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: Michael R. Skoien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/03

Date

(954)474-3267

Daytime Phone #

CR2E034B (12/02)