

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91529 003 ***150.00

DOCUMENT # P94000087476

1. Entity Name

AEROVIEW COMMUNICATIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5121 BOWDEN ROAD

3. Mailing Address
6622 SOUTHPOINT DR. S

Suite, Apt. #, etc.
SUITE #107

Suite, Apt. #, etc.
SUITE 495

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE, FLORIDA

4. FEI Number
59-3281963

Applied For
Not Applicable

Zip
32216

Country
USA

Zip
32216-6188

Country
USA

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

7. Name and Address of Current Registered Agent

Name
GRIMM ELLEN

Street Address (P.O. Box Number is Not Acceptable)
4926 SAN CLERC ROAD

City
JACKSONVILLE

FL

Zip Code
32217

**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.

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) ☒

January 1st May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$81.25
(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
D
NAME
VIRGIN, JOHN
STREET ADDRESS
5121 BOWDEN RD, STE #107
CITY - ST - ZIP
JACKSONVILLE, FL 32216

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John Virgin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

Date

Daytime Phone #