

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009412

1. Entity Name
ANRON AVIATION, INC.

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90090 020 ***150.00

Principal Place of Business

Mailing Address

**3825 NAVY BLVD
PENSACOLA FL 32514
US**

**3825 NAVY BLVD
PENSACOLA FL 32514
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3336939**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CATON, RONALD C
4042 MALTES AVE
PENSACOLA FL 32506**

Name

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

5830 RED CEDAR ST

City

PENSACOLA

FL

Zip Code

32506

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **CATON, RONALD C**
STREET ADDRESS **5830 RED CEDAR**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **CATON, MARTHA ANN**
STREET ADDRESS **3577 GEEKER ST.**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☒ Change ☐ Addition
NAME **CATON MARTHA A**
STREET ADDRESS **3577 GEEKER ST**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DV** ☐ Delete
NAME **CATON, LYNN ALLEN**
STREET ADDRESS **5830 RED CEDAR**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **DVST** ☒ Change ☐ Addition
NAME **CATON LYNN ALLEN**
STREET ADDRESS **5830 RED CEDAR**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/01

Date

850-957.0002

Daytime Phone #

CR2E034 (10/00)