

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

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90030 044 ***150.00

DOCUMENT # P95000035199

1. Entity Name
COMMAND AIRCRAFT PARTS AND RECOVERY, INC.

DO NOT WRITE IN THIS SPACE

40000407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3140 OLD MOODY BLVD.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BUNNELL, FLORIDA

City & State

4. FEI Number
59-3310341

Applied For
Not Applicable

Zip
32110

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name
ROSA, KEVIN

Street Address (P.O. Box Number is Not Acceptable)
3140 OLD MOODY BLVD.

City BUNNELL, **FL** **Zip Code** 32110

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE
01/06/2005

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
ROSA, KEVIN
STREET ADDRESS
3140 OLD MOODY BLVD.
CITY - ST - ZIP
BUNNELL, FLORIDA 32110

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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:

Kevin Rosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
1/6/2005

DAYTIME PHONE #
386 437-5792

CR2E034B (12/01)