

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90120 004 \*\*\*150.00

**DOCUMENT # P95000070732**

Entity Name

**O'BRIEN AVIATION, INC.**

Principal Place of Business

**AVIATION BLVD**

**BEACH GARDENS FL 33420**

Mailing Address

**P O BOX 32937**

**PALM BEACH GARDENS FL 33420-2937**

**C0075947**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH**

Zip

**33412**

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0628211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**O'BRIEN, DAVID B**  
**2929 SE OCEAN BLVD SUITE 118-6**  
**STUART FL 34996**

7. Name and Address of New Registered Agent

Name **O'BRIEN DAVID B**

Street Address (P.O. Box Number is Not Acceptable) **1610 AVIATION BLVD B1**

**WEST PALM BEACH**

City

**FL**

Zip Code

**33412**

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

**4/18/00**

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, 2000 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>O'BRIEN, DAVID B</b>	
STREET ADDRESS	<b>2929 SE OCEAN BLVD SUITE 118-6</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>O'BRIEN, RENEE G</b>	
STREET ADDRESS	<b>2929 S.E. OCEAN BLVD., STE. 118-6</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
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	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN DAVID B</b>	
STREET ADDRESS	<b>1610 AVIATION BLVD B1</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33412</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN RENEE G</b>	
STREET ADDRESS	<b>1610 AVIATION BLVD B1</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33412</b>	
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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/18/00**

Date

Daytime Phone #

CR2E034 (9/99)