

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90312 021 \*\*\*150.00

**DOCUMENT # P95000072709**

1. Entity Name  
**JORMAC AEROSPACE, INC.**

Principal Place of Business

13100 56TH COURT  
 SUITE 702  
 CLEARWATER FL 33760  
 US

Mailing Address

13100 56TH COURT  
 SUITE 702  
 CLEARWATER FL 33760  
 US

2. Principal Place of Business

**13130 56th COURT**  
 Suite, Apt. #, etc.  
**SUITE 604**

3. Mailing Address

**13130 56th COURT**  
 Suite, Apt. #, etc.  
**SUITE 604**

City & State

**CLEARWATER FL**

City & State

**CLEARWATER FL**

Zip

Country

**33760-4018**

Zip

Country

**33760-4018**

6. Name and Address of Current Registered Agent

**LAMOUREUX, JOHN J**  
**11710 PALMER DRIVE**  
**TAMPA FL 33624-4546**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>MCALLISTER, MICHAEL R</b>	
STREET ADDRESS	<b>787 CHERRY BROOKE COURT</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>JOURDENAIS, STEVEN M</b>	
STREET ADDRESS	<b>11710 PALMER DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	<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	
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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: *Michael R. McAllister* **MICHAEL R. MCALLISTER** ☒ **11 APRIL 2001** (727) 592-0303 **x 222**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)