

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90627 016 ***150.00

DOCUMENT # P95000090199

1. Entity Name

Florida Aerospace Services Technology, Inc.

Principal Place of Business 2036 Mayport Road Atlantic Beach, Florida 32233	Mailing Address Post Office Box 330689 Atlantic Beach, Florida 32233
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C0069085

2. Principal Place of Business 1331 South Main Street	3. Mailing Address 1331 South Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Gainesville, Florida	City & State Gainesville, Florida	4. FEI Number 59-3358996	Applied For <input type="checkbox"/> Not Applicable
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Zip 32601	Country USA	Zip 32601	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent Williams, Robert A. 2036 Mayport Road Atlantic Beach, Florida 32233	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1331 South Main Street City Gainesville FL Zip Code 32601
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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 Robert A. Williams DATE 04/30/2001
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President / Director	<input type="checkbox"/> Delete	TITLE Robert A. Williams	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Robert A. Williams		NAME	
STREET ADDRESS 2036 Mayport Road		STREET ADDRESS 1331 South Main Street	
CITY - ST - ZIP Atlantic Beach, Florida 32233		CITY - ST - ZIP Gainesville, Florida 32601	
TITLE Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Donald G. Powell		NAME	
STREET ADDRESS 1863 State Road 20		STREET ADDRESS	
CITY - ST - ZIP Hawthorne, Florida 32640		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: Donald G. Powell **Donald G. Powell** DATE 04/30/2001 **352-371-4108**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)