

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072131

1. Entity Name

AERIAL AMERICA CORPORATION

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90065 025 ***150.00

Principal Place of Business

1707 CAPE BEND AVENUE
TAMPA FL 33613

Mailing Address

P.O. BOX 271141
TAMPA FL 33688-1141

2. Principal Place of Business

18707 Chaville Rd

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Zip

33549

Country

USA

Zip

Country

4. FEI Number

59-3512528

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

MILLER, MARK
1707 CAPE BEND AVENUE
TAMPA FL 33613

Name

Mary J. Miller

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

18707 Chaville Rd

City

Lutz

FL

Zip Code

33549

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

4/10/00

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MILLER, MARY J
STREET ADDRESS 1707 CAPE BEND AVENUE
CITY-ST-ZIP TAMPA FL 33613

☐ Delete

TITLE STDC
NAME MILLER, MARK
STREET ADDRESS 1707 CAPE BEND AVENUE
CITY-ST-ZIP TAMPA FL 33613

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TITLE
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TITLE President, S.T. Director
NAME Mary J. Miller
STREET ADDRESS 18707 Chaville Rd
CITY-ST-ZIP Lutz, FL 33549

☒ Change ☐ Addition

TITLE
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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 Block 12 if changed, or on an attachment with an address, and/or other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00 (813)264-2911

CR2E034 (9/99)