

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082528

1. Entity Name
AERO ANALYTICS II, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90106 049 ***150.00

Principal Place of Business
1219 SUNNY POINT DRIVE
MELBOURNE FL 32935

Mailing Address
1219 SUNNY POINT DRIVE
MELBOURNE FL 32935-7050



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1219 SUNNY POINT DR

3. Mailing Address
SAVER

Suite, Apt. #, etc.

City & State
MELBOURNE FL

City & State

4. FEI Number **59-3408889**

Applied For
☒ Not Applicable

Zip **32935** Country **USA**

Zip Country

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

PATTERSON, JOHN S
1219 SUNNY POINT DRIVE
MELBOURNE FL 32935

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **PATTERSON, JOHN S**
STREET ADDRESS **1219 SUNNY POINT DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/11/2000 (407) 951-6934

Date

Daytime Phone #

CR2E034 (9/99)