

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90996 032 \*\*\*150.00

**DOCUMENT #** P97000006823

1. Entity Name



## PROFESSIONAL AIRCRAFT ACCESSORIES, INC.

Principal Place of Business 3400 LILLIAN BOULEVARD TITUSVILLE, FL 32780	Mailing Address 45025 AVIATION DRIVE SUITE 400 DULLES, VA 20166-7516
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------

C0059333

2. Principal Place of Business 3400 LILLIAN BOULEVARD	3. Mailing Address 45025 AVIATION DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 400

DO NOT WRITE IN THIS SPACE

City & State TITUSVILLE, FL	City & State DULLES, VA	4. FEI Number 58-2294305	Applied For <input type="checkbox"/> Not Applicable
Zip 32780	Country USA	Zip 20166-7516	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERT BIAL 3400 LILLIAN BLVD TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D ROBERT BIAL 3400 LILLIAN BLVD TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D WARREN D. PERSAVICH 45025 AVIATION DRIVE, SUITE 400 DULLES, VA 20166-7516 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHN L. FLYNN 45025 AVIATION DRIVE, SUITE 400 DULLES, VA 20166-7516 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO/D THOMAS J. CHASTAIN, JR. 4694 AVIATION PARKWAY, SUITE K ATLANTA, GA 30349-6024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/T/S BRADLEY T. LOUGH 45025 AVIATION DRIVE, SUITE 400 DULLES, VA 20166-7516 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JERRY E. COX 4694 AVIATION PARKWAY, SUITE K ATLANTA, GA 30349-6024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*John L. Flynn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. FLYNN, VICE PRESIDENT  
 Date  
 04/16/2001 (703) 478-5908  
 Daytime Phone #

# 2001 UNIFORM BUSINESS REPORT (UBR)

Attachment Doc#  
P97000006823  
C6059333

<b>DOCUMENT #</b> P97000006823 1. Entity Name <b>OFFICERS AND DIRECTORS CONTINUATION PAGE</b> <b>PROFESSIONAL AIRCRAFT ACCESSORIES, INC.</b>					
Principal Place of Business			Mailing Address		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>58-2294305</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHN M. DANIEL		NAME		
STREET ADDRESS	45025 AVIATION DRIVE, SUITE 400		STREET ADDRESS		
CITY - ST - ZIP	DULLES, VA 20166-7516		CITY - ST - ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONALD E. MILLER		NAME		
STREET ADDRESS	45025 AVIATION DRIVE, SUITE 400		STREET ADDRESS		
CITY - ST - ZIP	DULLES, VA 20166-7516		CITY - ST - ZIP		
TITLE	AS <input checked="" type="checkbox"/> Delete		TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRIAN LAM		NAME	MARY SHAW	
STREET ADDRESS	45025 AVIATION DRIVE, SUITE 400		STREET ADDRESS	45025 AVIATION DRIVE, SUITE 400	
CITY - ST - ZIP	DULLES, VA 20166-7516		CITY - ST - ZIP	DULLES, VA 20166-7516	
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: _____			JOHN L. FLYNN, VICE PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		