

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075488

1. Entity Name

AERO SPEC PAINT & FINISH, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90185 025 ***158.75

Principal Place of Business

Mailing Address

3215 BENNETT STREET NORTH
 ST. PETERSBURG FL 33713

3215 BENNETT STREET NORTH
 ST. PETERSBURG FL 33713-2641

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3466305

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LISTA, DEBRA A
 C/O PARAGON MACHINE, INC.
 3215 BENNETT STREET NORTH
 ST. PETERSBURG FL 33713

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISTA, CARMEN P	NAME	Lista, Carmen P
STREET ADDRESS	3215 BENNETT STREET NORTH	STREET ADDRESS	3215 Bennett St N.
CITY-ST-ZIP	ST. PETERSBURG FL 33713	CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	President, CEO <input type="checkbox"/> Delete	TITLE	President, CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra	NAME	Debra Lista
STREET ADDRESS		STREET ADDRESS	3215 Bennett St N.
CITY-ST-ZIP		CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Gerold A. Hayden
STREET ADDRESS		STREET ADDRESS	4121 W. San Miguel St.
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33629
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:

Debra Lista
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
 Date

727-525-2187 #102
 Daytime Phone #

CR2E034 (9/99)