

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90072 010 ***150.00

DOCUMENT # P97000081112

1. Entity Name
PROTOAVIS AERO, INC.

| | |
|--|--|
| Principal Place of Business 9245 CR 13 N ST AUGUSTINE FL 32092 | Mailing Address 9245 CR 13 N ST AUGUSTINE FL 32092 |
|--|--|

| | |
|--------------------------------|--------------------|
| 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 **59-3473311**

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

**BOLES, JOSEPH L JR.
120 CHARLOTTE ST
ST AUGUSTINE FL 32084**

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 | P | <input type="checkbox"/> Delete |
| NAME | WEST, CHARLES E JR | |
| STREET ADDRESS | 9245 CR 13 N | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32092 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | VST | <input type="checkbox"/> Delete |
| NAME | WEST, LYNN F | |
| STREET ADDRESS | 9245 CR 13 N | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32092 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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| NAME | | |
| STREET ADDRESS | | |
| 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

LYNN F. WEST

03/13/01

904/522-0389

Date

Daytime Phone #

CR2E034 (10/00)