

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096768

FLD 11/13/1997

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

AERO RESOURCE, INC.

Principal Place of Business

Mailing Address

6346-65 LANTANA RD
SUITE 20-C
LAKE WORTH, FL 33463

6346-65 LANTANA RD
SUITE 20C
LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

6346-65 LANTANA Rd.
Suite, Apt. #, etc.
SUITE 20-C

6346-65 LANTANA Rd
Suite, Apt. #, etc.
SUITE 20C

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FL

City & State
LAKE WORTH FL

4. FEI Number

65-0794912

Applied For

Not Applicable

Zip
33463

Country
USA

Zip
33463

Country
USA

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

AMERICA LAWYER
343 ALMORA AVE
CORAL GABLES, FL 33134

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
SCHAEFFER, CONSTANCE A
6346-65 LANTANA RD #20-C
LAKE WORTH, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003193246--4
-04/03/00--01091--013
****150.00 ****150.00

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, with all other like empowered.

SIGNATURE: CONSTANCE A. SCHAEFFER Constance A. Schaeffer, Pres.

03/13/00

(561) 434 1512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)