

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90012 034 ***158.75

DOCUMENT # P97000102082

1. Entity Name
AEROSPACE INTEGRATION CORP.

Principal Place of Business

634 ANCHORS STREET, NW
202
FT WALTON BEACH FL 32548
US

Mailing Address

634 ANCHORS STREET, NW
202
FT WALTON BEACH FL 32548
US

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 **59-3482472**

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

MCINNIS, JEFFREY
909 MARWALT DRIVE SUITE 1014
FORT WALTON BEACH FL 32547

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, 2002 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** ☐ Delete
NAME **GONZALEZ, GEORGE L**
STREET ADDRESS **505 RUE DEMARSEILLES**
CITY-ST-ZIP **MARY ESTHER FL 32569**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1662 Tidewater Lane**
CITY-ST-ZIP **Navarre, FL 32566**

TITLE **D** ☐ Delete
NAME **SOHAL, VERINDER**
STREET ADDRESS **1935 JO TAM LANE**
CITY-ST-ZIP **NAVARRE FL 32566**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **963 claeven circle**
CITY-ST-ZIP **Fort Walton Beach, FL 32547**

TITLE **ST** ☐ Delete
NAME **MOGAR, BRYAN L**
STREET ADDRESS **204 MICHAEL AVENUE**
CITY-ST-ZIP **MARY ESTHER FL 32569**

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition
TITLE
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/02

Date

(850) 301-0040
 Daytime Phone #

CR2E034 (9/01)