

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90386 035 ***150.00

DOCUMENT # P97000102632

1. Entity Name
AIRCRAFT MAINTENANCE SPECIALISTS, INC. OCALA



Principal Place of Business
800 S.W. 60TH AVENUE
OCALA FL 34474

Mailing Address
800 S.W. 60TH AVENUE
OCALA FL 34474

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 **59-3481897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPERR, DAVID F
1850 SE 52ND STREET
OCALA FL 34480

7. Name and Address of New Registered Agent

Name **Address Change**
Street Address (P.O. Box Number is Not Acceptable)
800 SW 60TH AVE
City **OCALA** FL Zip Code **34474**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SPERR, CONSTANCE C**
STREET ADDRESS **1850 SW 52ND STREET**
CITY-ST-ZIP **OCALA FL 34480**

TITLE **PD** ☒ Change ☐ Addition
NAME **Sperr, Constance C**
STREET ADDRESS **800 SW 60TH AVE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **VDTS** ☐ Delete
NAME **SPERR, DAVID F**
STREET ADDRESS **1850 SE 52ND STREET**
CITY-ST-ZIP **OCALA FL 34480**

TITLE **VDTS** ☒ Change ☐ Addition
NAME **Sperr, David F**
STREET ADDRESS **800 SW 60TH AVE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)