

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102780

1. Entity Name

TAMBONE/AERO DEVELOPMENT CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90043 009 ***150.00

Principal Place of Business

Mailing Address

10 BURLINGTON MALL RD
 STE 245
 BURLINGTON MA 01803

10 BURLINGTON MALL RD
 STE 245
 BURLINGTON MA 01803-4130

2. Principal Place of Business

3. Mailing Address

6 Kimball Lane
 Suite, Apt. #, etc.
 Suite 100

6 Kimball Lane
 Suite, Apt. #, etc.
 Suite 100

City & State
 Lynnfield MA

City & State
 Lynnfield MA

Zip
 01940

Country

Zip
 01940

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0804321

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

TAMBONE, RICHARD P
 4200 WACKENHUT DR STE 110
 PALM BEACH GARDENS FL 33410

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 D ☐ Delete
 NAME TAMBONE, LORI B
 STREET ADDRESS 10 BURLINGTON MALL RD
 CITY-ST-ZIP BURLINGTON MA 01803

TITLE D, V, S ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME TAMBONE, RICHARD P
 STREET ADDRESS 222 LAKEVIEW AVE 17 FLOOR
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D, P, T ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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, without other like empowered.

SIGNATURE:

NOT REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00
 Date

781-245-5252
 Daytime Phone #

CR2E034 (9/99)