

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

04-26-2001 90218 049 ***150.00

DOCUMENT # P97000102780

1. Entity Name

TAMBONE/AERO DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

**6 KIMBELL LANE.
 STE 100
 LYNNFIELD MA 01940**

**6 KIMBELL LANE.
 STE 100
 LYNNFIELD MA 01940**

46690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8 Porter Lane

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Lexington MA 02420

City & State

same

4. FEI Number

65-0804321

Applied For

☐ Not Applicable

Zip

02420

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

John F. Flanigan

Street Address (P.O. Box Number is Not Acceptable)

9th Floor

625 N. Flagler Drive

City

West Palm Beach

FL

Zip Code
33401

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

4/18/01

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

TITLE **DVS** ☐ Delete
 NAME **TAMBONE, LORI B**
 STREET ADDRESS **10 BURLINGTON MALL RD**
 CITY-STATE-ZIP **BURLINGTON MA 01803**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8 Porter Lane**
 CITY-STATE-ZIP **Lexington MA 02420**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8 Porter Lane**
 CITY-STATE-ZIP **Lexington MA 02420**

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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 persons so empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

505-589-2200

Daytime Phone

CR2E034 (10/00)