2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000006713** Jan 13, 2000 8:00 am 1. Entity Name **Secretary of State** AIRCRAFT PARTS EXPORTERS, INC. 01-13-2000 90005 018 ***150.00 Principal Place of Business Mailing Address 3357 BLACK WILLOW TRAIL 3357 BLACK WILLOW TRAIL **DELAND FL 32724-3428** DELAND FL 32724 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-3500408 ✔ Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name يعيني الأجالي خرارات فالأميان SHEPHARD, KENTON A Street Address (P.O. Box Number is Not Acceptable) 205 N WOODFLAND BLVD DELAND FL 32720 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change **PSTD** ☐ Delete TITLE SUTHERLAND, DONALD G NAME NAME STREET ADDRESS 3357 BLACK WILLOW TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 trexecute this report as required by Chapter 60. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with at other like anyowarest.

SIGNATURE: DONALD G. SUTHERLAND CALL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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