

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000006713**1. Entity Name
AIRCRAFT PARTS EXPORTERS, INC.

Principal Place of Business 3357 BLACK WILLOW TRAIL DELAND FL 32724	Mailing Address 3357 BLACK WILLOW TRAIL DELAND FL 32724
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2. Principal Place of Business 3357 BLACK WILLOW TRAIL	3. Mailing Address 3357 BLACK WILLOW TRAIL
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State DELAND FL	City & State DELAND FL
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Zip 32724	Country US	Zip 32724	Country US
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4. FEI Number 59-3500408	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SHEPARD KENTON A**
205 N WOODFLAND BLVD

DELAND FL 32720**7. Name and Address of New Registered Agent**Name
ALLEN CAROL
Street Address (P.O. Box Number is Not Acceptable)
632 NORTH WOODLAND BLVD.

SUITE 1
City
DELAND FL Zip Code
32720

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 **CAROL ALLEN**

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

(NOTE: Registered Agent signature required when reinstating)

01/02/2001

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SUTHERLAND DONALD G 3357 BLACK WILLOW TRAIL DELAND FL 32724	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: DONALD G. SUTHERLAND

PSTD

01/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)