

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020994

1. Entity Name

AVIATION TECHNICAL PUBLICATIONS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90100 036 ***150.00

Principal Place of Business

Mailing Address

548 MARY ESTHER CUTOFF. #282
FT. WALTON BEACH FL 32548

548 MARY ESTHER CUTOFF. #282
FT. WALTON BEACH FL 32548

041239

2. Principal Place of Business

410 Tanglewood Drive

3. Mailing Address

410 Tanglewood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Walton Beach FL

City & State

Ft Walton Beach FL

4. FEI Number

59-3497036

Applied For

Not Applicable

Zip

32547

Country

USA

Zip

32547

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, THOMAS B JR.
757 HIGHWAY 98E, #14-101
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

John Rodge

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

410 Tanglewood Drive

City

Fort Walton Beach

FL

Zip 32547

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.

John Rodge - President

(NOTE: Registered Agent signature required when reinstating)

DATE

13 April 00

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FOLMAR, JIM	
STREET ADDRESS	3046 BRADY TOLBERT RD	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	BM	<input type="checkbox"/> Delete
NAME	RODGE, JOHN	
STREET ADDRESS	410 TANGLEWOOD DR	
CITY-ST-ZIP	FT WALTON BCH FL 32547	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, TOM	
STREET ADDRESS	757 HWY 98 E #14-101	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jessica M. Rodge	
STREET ADDRESS	410 Tanglewood Dr.	
CITY-ST-ZIP	Ft Walton Beach FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Rodge

Date

Daytime Phone #

13 April 00

(850)664-7993 Ext 128

CR2E034 (9/99)