

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049262

1. Entity Name
AEROLOGIC, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90017 012 ***150.00

Principal Place of Business

1505 ILLINOIS ST.
ORLANDO FL 32803

Mailing Address

1505 ILLINOIS ST.
ORLANDO FL 32803

550042

2. Principal Place of Business

634 WOODWARD ST.

Suite, Apt. #, etc.

3. Mailing Address

634 WOODWARD ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number 59-3513546

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

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

COPELLA, JOHN C
1505 ILLINOIS ST
ORLANDO FL 32803

Name

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

634 WOODWARD ST.

City

ORLANDO,

FL

Zip Code

32803

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

John C. Copella JOHN C. COPELLA, PRESIDENT

4/30/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS COPELLA, JOHN C
CITY-ST-ZIP 1505 ILLINOIS ST.
ORLANDO FL 32803

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 634 WOODWARD ST.
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, with all other like empowered.

SIGNATURE:

John C. Copella JOHN C. COPELLA, PRES.

4/30/01

407-895-6503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/00)