

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083078

1. Entity Name

L & L AVIATION, INC.

Principal Place of Business

1600 AIRPORT ROAD
FERNANDINA BEACH FL 32034

Mailing Address

22 OAK POINT DRIVE
FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Zip

Country

Zip

Country

32255

4. FEI Number

59-3531543

Applied For

Not Applicable

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

ANSBACHER, LAWRENCE
5150 BELFORT ROAD
BLDG. 100
JACKSONVILLE FL 32256

Name

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

City

FL

Zip Code

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

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 PD ☐ Delete
NAME LANGSTON, W. LEON
STREET ADDRESS 22 OAK POINT DRIVE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☒ Change ☐ Addition
NAME P/D Langston, W. Leon
STREET ADDRESS 9 Royal Tern Rd
CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE SD ☐ Delete
NAME LANGSTON, CONSTANCE W
STREET ADDRESS 22 OAK POINT DRIVE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☒ Change ☐ Addition
NAME S/D Langston, Constance W
STREET ADDRESS 9 Royal Tern Rd
CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE VD ☐ Delete
NAME KUESTER, KENNETH P
STREET ADDRESS 13927 MANDARIN OAKS LANE
CITY-ST-ZIP JACKSONVILLE FL 32223

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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