

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90059 017 ***150.00

DOCUMENT # P98000091662

1. Entity Name

AVIATION DEPOT INC.

Principal Place of Business

Mailing Address

7643 SHALIMAR ST
 MIRMAR FL 33023

7643 SHALIMAR ST
 MIRMAR FL 33023-2542

2. Principal Place of Business

3. Mailing Address

P.O. Box 95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LORIDA, FLORIDA

4. FEI Number

29-1643892

Applied For

Not Applicable

Zip

Country

Zip

Country

33857-0095

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

LEWIS, GREGORY M
7613 TROPICANA STREET
MIRMAR FL 33023

Name

LEWIS, GREGORY M

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

~~7643 SHALIMAR ST, 316 RACCOON LANE~~

City

MIRAMAR LORIDA FL

Zip Code

33023

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.

33857

SIGNATURE

Gregory M. Lewis

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	LEWIS, GREGORY M	7613 TROPICANA STREET	MIRMAR FL 33023	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	LEWIS, GREGORY M	7643 SHALIMAR ST,	MIRAMAR FLA, 33023	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Gregory M. Lewis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00

954 986 1527

Date

Daytime Phone #

CR2E034 (9/99)