

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009138

1. Entity Name

NATIONWIDE AIRCRAFT SALES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90155 041 ***150.00

Principal Place of Business

111 2ND AVE. N.E., SUITE 505
ST. PETERSBURG FL 33701

Mailing Address

111 2ND AVE. N.E., SUITE 505
ST. PETERSBURG FL 33701-3315

2. Principal Place of Business

1408 N. WESTSHORE BLVD.

Suite, Apt. #, etc.

1004

3. Mailing Address

1408 N. WESTSHORE BLVD.

Suite, Apt. #, etc.

1004

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33607

Country

U.S.

Zip

33607

Country

U.S.

4. FEI Number

59-3561070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TELESE, JOSEPH E
111 2ND AVE. N.E., SUITE 505
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

SAME

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

1408 N. WESTSHORE BLVD., SUITE 1004

City

TAMPA, FL

FL

Zip Code

33607

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

4-19-00

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	D	<input type="checkbox"/> Delete
NAME	TELESE, JOSEPH E	
STREET ADDRESS	111 2ND AVE. N.E., SUITE 505	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	PSVT	<input type="checkbox"/> Delete
NAME	TELESE, JOSEPH E	
STREET ADDRESS	111 2ND AVE. N.E., SUITE 505	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	1408 N. WESTSHORE BLVD., SUITE 1004	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	1408 N. WESTSHORE BLVD., SUITE 1004	
CITY-ST-ZIP	TAMPA, FL 33607	
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		
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

(813) 639-9899

Daytime Phone #

CE 1014 (9/98)