

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90148 018 ***558.75

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1. Entity Name
SUPERIOR AIRCRAFT SERVICES, INC.



Principal Place of Business
**FT. LAUDERDALE AIRPORT
FT. LAUDERDALE FL**

Mailing Address
**1100 LEE WAGENER BLVD
1207 B
FORT LAUDERDALE FL 33315**



2. Principal Place of Business

3. Mailing Address

1100 LEE WAGENER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207B

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

FT LAUDERDALE FL 33315

4. FEI Number

06-1564654

Applied For

Not Applicable

Zip

Country

Zip

Country

33315

BROWARD

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

**SMITH, TONYA
2360 NW 154 ST.
MIAMI FL 33054**

Name

SHANDEASE Williams

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

4731 NW 16th Street

City

LAUDERHILL

FL

Zip Code

33313

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shandase Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/29/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JEROME	
STREET ADDRESS	4710 SW 147TH TERR	
CITY-ST-ZIP	MIRAMAR FL 33017	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, FRED	
STREET ADDRESS	4731 NW 16TH ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	PYNE, DANNY	
STREET ADDRESS	6280 NW 186TH ST, #205	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSE, ROBERT	
STREET ADDRESS	345 NW 7TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	BM	<input type="checkbox"/> Delete
NAME	WATSON, CLINTON	
STREET ADDRESS	9445 NW 39TH PL	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD CALDER	
STREET ADDRESS	8191 W BROWARD BLVD # 350	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shandase Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/2003

Date

Daytime Phone #

CR2E034 (4/03)