

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P99 0000 17394

1. Entity Name

AVIATION TRUST SERVICES, INC

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90015 015 ***158.75

A0043236

Principal Place of Business

Mailing Address

479 SEABROOK RD
TEQUESTA, FL 33469

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TEQUESTA, FL 33469

2. Principal Place of Business

3. Mailing Address

17211 QUEEN ANNE BRIDGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Mitchellville MD

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

20716

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

Fed BWA & ASSOCIATES, PA
479 SEABROOK RD.
TEQUESTA, FL 33469

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/PAULA BIELSKI
479 SEABROOK RD
TEQUESTA, FL 33469

☐ Delete

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

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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

4-5-01

Date

305 688-3290

Daytime Phone #

CR2E034 (11/00)