## 2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered.

SIGNATURE:

## **FILED** DOCUMENT # P99000017555 Apr 04, 2000 8:00 am Secretary of State AVIATION SERVICES GROUP, INC. 04-04-2000 90005 027 \*\*\*158.75 Principal Place of Business Mailing Address 1214 75TH STREET WEST 1214 75TH STREET WEST BRADENETON FL 34209-3316 BRADENETON FL 34209-3316 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0905963 Not Applicable \$8.75 Additional Zip Country Country 凇 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gruwell, Esq. Attorney at Law Mark Street Address (P.O. Box Number is Not Acceptable) 747 North Washington Rouleva ALVAREZ, D 2121 PONCE DE LEON BOULEVARD North Washington Boulevard SUITE 650 CORAL GABLES FL 33134 City Sarasota 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE WENZ, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 1214 75TH STREET WEST CITY-ST-ZIP CITY-ST-ZIP BRADENETON FL 34209-3316 Secretary, Vice President William W. Duncan XX Addition ☐ Change XX Delete TITLE TITLE ALVAREZ, D NAME NAME STREET ADDRESS Urb. Villa Venecia, Calle 7 - r-99 STREET ADDRESS P.O. BOX 144937 CITY-ST-ZIP CITY-ST-2/P CORAL GABLES FL 33134 Carolina, Puerto Rico 00983 XX Delete ☐ Change ☐ Addition TITLE TITLE HANGER, BRAD NAME NAME STREET ADDRESS P.O., BOX 144937 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Charles J. Wenz

941-792-4598