2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P99000024464

1. Entity Name

CORE STORE AVIATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State
02-24-2000 90046 003 ***150.00

Principal Place of Business	Mailing Address
1018 SOUTHWEST 149TH TERRACE SUNRISE FL 33326	1018 SOUTHWEST 149TH TERRACE SUNRISE FL 33326-1913

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2240 S.W. 70 AVE.	2240 S.W. 70 AVE.
Suite, Apt. #, etc. H-1	Suite, Apt. #, etc. H-1
City & State DAVIE, FL	City & State DAVIE, FL
Zip 33317 Country USA	Zip 33317 Country USA

4. FEI Number 65-0916659 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name LEO A. COURY, JR.
Street Address (P.O. Box Number is Not Acceptable) 2240 S.W. 70 AVE.
H-1
City DAVIE FL Zip Code 33317

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]
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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COURY, LEO A JR.	NAME	
STREET ADDRESS	1018 SOUTHWEST 149TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COURY, DONNA	NAME	
STREET ADDRESS	1018 SOUTHWEST 149TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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] LEO A. COURY JR, PRES. 1/14/2000 (954) 577-3495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #