

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026627

1. Entity Name

AVIATION SYSTEMS AND PROGRAMS II, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90061 007 ***150.00

Principal Place of Business

1890 S CONFERENCE DRIVE
 BOCA RATON FL 33486

Mailing Address

1890 S CONFERENCE DRIVE
 BOCA RATON FL 33486-3139

2. Principal Place of Business

~~9100 W 36 St~~ **Disregard**

3. Mailing Address

~~9100 W 36 St~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~St. Louis MO~~ **FL**

City & State

~~St. Louis MO~~ **FL**

4. FEI Number

65-0918997

Applied For

Not Applicable

Zip

Country

~~33500~~ **33486** **USA**

Zip

Country

~~33500~~ **33486** **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

ARMOUR, ALAN I II
 1645 PALM BEACH LAKES BLVD., SUITE 1200
 WEST PALM BEACH FL 33401

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, 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	D	<input type="checkbox"/> Delete
NAME	DE SANTIS, LORI ANN	
STREET ADDRESS	1890 S CONFERENCE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Lori Desantis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORI DESANTIS 30MAY00

Date

954-630-2303

Daytime Phone #

CR2E034 (9/99)