

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029493

1. Entity Name

AERODROME SERVICES INC.

Principal Place of Business

1750 N.W. 3 TERR. #101  
FT.LAUDERDALE FL 33311

Mailing Address

1750 N.W. 3 TERR. #101  
FT.LAUDERDALE FL 33311

2. Principal Place of Business

1785 N. ANDREWS AVE ~~E-104~~ 1785 N. ANDREWS AVE

3. Mailing Address

Suite, Apt. #, etc.  
E-104

City & State

FT. LAUDERDALE, FL

City & State  
FT. LAUDERDALE

Zip

33311

Zip

FL

Country

U.S.A

Country

U.S.A

6. Name and Address of Current Registered Agent

ANSON, SANFORD  
1750 N.W. 3 TERR. #101  
FT.LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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 SANFORD ANSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8 4/30/2001 8

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 P  
NAME ANSON, SANFORD  
STREET ADDRESS 1750 NW 3RD TERR #101  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

Delete

TITLE P  
NAME ANSON, SANFORD  
STREET ADDRESS 1785 N ANDREWS AVE - E 104  
CITY-ST-ZIP FT LAUDERDALE, FL 33311

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

Change

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Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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: Sanford Anson / SANFORD ANSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001 984 525 0472

Date

Daytime Phone #

FILED  
May 21, 2001 8:00 am  
Secretary of State

05-21-2001 90372 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)