

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034336

1. Entity Name

CES AVIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90129 045 ***150.00

Principal Place of Business

Mailing Address

5905 JOHNS ROAD
TAMPA FL 33634

5905 JOHNS ROAD
TAMPA FL 33634-4452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3573422

Applied For
Not Applicable

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

REID, DAVID W
5905 JOHNS ROAD
TAMPA FL 33634

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)

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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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas D. Brunette	
STREET ADDRESS	906 Symphony Lane	
CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE	Vice President-Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alfred Brunette, Jr.	
STREET ADDRESS	29521 Allegro Drive	
CITY-ST-ZIP	Wesley Chapel, FL 33543-6725	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David W. Reid	
STREET ADDRESS	3723 Mullenhurst Drive	
CITY-ST-ZIP	Palm Harbor, FL 34634	
TITLE	Vice President-Operation	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Frost	
STREET ADDRESS	15001 NW 42nd Avenue	
CITY-ST-ZIP	Opa Locka, FL 33854	
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:

Alfred Brunette, Jr.

02/08/00

(813) 249-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)