

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000053331

1. Entry Name

AERO TECHNOLOGIES GROUP INCORPORATED

FILED
May 09, 2000 8:00 am
Secretary of State

03-24-2000 90082 045 ***150.00

Principal Place of Business

Mailing Address

10989 N.W. 56TH CT.
CORAL SPRINGS FL 33076

10989 N.W. 56TH CT.
CORAL SPRINGS FL 33076-3112

2. Principal Place of Business

3. Mailing Address

9900 W. SAMPLE RD 9900 W. SAMPLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

Suite 301

City & State

City & State

CORAL SPRINGS FL

CORAL SPRINGS FL

Zip

Country

Zip

Country

33065 USA

33065 USA

4. FEI Number

Applied For

65-0930009

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

LONCHARICH, LOUIS F
10989 N.W. 56TH CT.
CORAL SPRINGS FL 33076

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

Louis F. Loncharich Louis F. Loncharich 3-20-00

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**
NAME **MARTIN K. GARDNER** ☒ Delete
STREET ADDRESS **5221 S.W. 101 TERRACE**
CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE **President** ☐ Change ☒ Addition
NAME **ARTHUR G. PETRUZZELLO**
STREET ADDRESS **1420 SYKES CREEK DRIVE**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **LOUIS F. LONCHARICH**
STREET ADDRESS **10989 NW 56TH CT**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **LOUIS F. LONCHARICH**
STREET ADDRESS **10989 N.W. 56TH CT**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Louis F. Loncharich* Louis F. Loncharich 3-20-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)