

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054696

1. Entity Name

AEROSPACE TOOL & STAMPING, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90177 023 ***150.00

Principal Place of Business

Mailing Address

4989 S.W. 8 CT.
MARGATE FL 33068

4989 S.W. 8 CT.
MARGATE FL 33068-3119

2. Principal Place of Business

165 N.E. 32 CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

OAKLAND PK. FLORIDA

City & State

4. FEI Number

65-0929892

Applied For

Not Applicable

Zip

33334

Country

U.S.A.

Zip

Country

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

MCBRIDE, DAVID P
4989 S.W. 8 CT.
MARGATE FL 33068

Name

DAVID P. MCBRIDE

Street Address (P.O. Box Number is Not Acceptable)

165 N.E. 32 CT

City

OAKLAND PK.

FL

Zip Code

33334

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

DAVID P. MCBRIDE

2-2-00

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
WILLIAM MCBRIDE
165 N.E. 32 CT
OAKLAND PK. FL. 33334

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
DAVID P. MCBRIDE
165 N.E. 32 CT
OAKLAND PK. FL. 33334

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

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

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:

DAVID P. MCBRIDE

2-2-00

Date

9545672215

Daytime Phone #

CR2E034 (9/99)