

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90015 043 ***550.00

DOCUMENT # P99000064237

1. Entity Name

AIRCRAFT MODIFICATION AND ENGINEERING SERVICE IN

Principal Place of Business

Mailing Address

517 MONROE ST.
PORT ORANGE FL 32127

517 MONROE ST.
PORT ORANGE FL 32127-4459

2. Principal Place of Business

413 OAK PLACE

3. Mailing Address

413 OAK PLACE

Suite, Apt. #, etc.

Unit 3P

Suite, Apt. #, etc.

Unit 3P

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

4. FEI Number

593587765

Applied For

Not Applicable

Zip

32127

Country

USA

Zip

32127

Country

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

Name

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

City

FL

Zip Code

HUTCHISON, IAN
517 MONROE ST.
PORT ORANGE FL 32127

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

IAN HUTCHISON

(NOTE: Registered Agent signature required when reinstating)

1st MAY 00

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 D
STREET ADDRESS HUTCHISON, IAN
CITY-ST-ZIP 517 MONROE ST.
PORT ORANGE FL 32127

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WEAVER, DALE
CITY-ST-ZIP 2261 GRAND TETON BLVD.
MELBOURNE FL 32933

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SCARBROUGH, RAY
CITY-ST-ZIP 230 GREENBRIAR AVE.
ORMOND BEACH FL 32174

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FOURNIER, AL
CITY-ST-ZIP 411 OTTER CREEK DR.
KISSIMMEE FL 34943

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
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1st MAY 2000 904 760 8653